S. No. 2
9M—2-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1944 8

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13434

Primary Registration District No. 1003

Registrar's No. 3494

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2603 S. Broadway

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: CCO 1723

(c) City or town: St. Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 2603 S. Broadway (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Emma C. Tippett

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James D. Tippett

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: Oct. 2, 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 12 If less than one day hr. min.

9. Birthplace: Hannibale (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: at home

11. Industry or business:

MOTHER FATHER

12. Name: Taylor Willis

13. Birthplace: Don't Know (City, town, or county) Don't Know 9 (State or foreign country)

14. Maiden name: Don't Know

15. Birthplace: Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant: James D. Tippett

(b) Address: 2603a S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/15/44 (Month) (Day) (Year)

(c) Place: burial or cremation: New St. Marcus Cemetery

18. (a) Signature of funeral director: Weick Bros.

(b) Address: 2201 S. Grand Bl.

19. (a) APR 15 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14 year 1944 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 22nd 1943 to April 18th 1944 that I last saw her alive on April 13th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage apoplexy	1 day
Due to: Carcinoma uteri	
Due to: Carcinoma ovaries Primary in ovaries	1 1/2 yrs
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations: —
Of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence: —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? (e) Means of injury: —

23. Signature: W. A. Hries (M. D. or other) MD

Address: 1544 So. Broadway Date signed 4/19/44

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Sam A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.