

FILED MAY 20 1944

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4246

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3935 Shenandoah Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No (Specify whether)  
In this community 25 Years  
years, months or days)

3. (a) PRINT FULL NAME ETHEL TIPTON

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Feb. 24th 1899  
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Grandin, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Meredith Holland  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Ella Boring  
15. Birthplace Kansas (City, town, or county) (State or foreign country)

16. (a) Informant David Tipton

(b) Address 3935 Shenandoah

17. (a) Burial (b) Date thereof May 8, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director A. H. M. Laughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 8 1944 (b) J. F. Bradeck (Registrar's signature)  
(Date of registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3935 Shenandoah Ave. (If rural, give location) 911  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
year 1944 hour 3 minute - P. M.

21. I hereby certify that I attended the deceased from Mar 15, 1944, to May 4, 1944;  
that I last saw her alive on May 3, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 1 day  
Due to Bronchitis 6 mos.  
Due to Essential hypertension 2 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 106a Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

(c) 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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bradeck (M. D. or other MD)  
Address 2301 Lafayette Ave Date signed 5/8/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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..... *L R Cooper*.....  
Licensed Embalmer No. *3632*  
P. O. Address *231 1/2 Lafayette*

**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.**