

S. No. 2
M-5-43
5-17-39
X36571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

39641

FILED DEC 31 1945
318

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 10839

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3631 Bamberger
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3631 Bamberger
(If rural, give location)
(e) Citizen of foreign country? No
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Sallie L. Phipps

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, 2 divorced, Widowed

6. (b) Name of husband or wife Harry A. Phipps
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 13, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 28 hr. _____ min.

9. Birthplace Shelbyville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jefferson Mankin

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Jones

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Caroline Wessbecher

(b) Address 3631 Bamberger

17. (a) Burial (b) Date thereof 12/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 13 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11
year 1945 hour 12: minute 00 Noon

21. I hereby certify that I attended the deceased from _____
to _____
that I last saw him alive on Dec. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death chronic dyspepsia

Due to senility - aged

Other conditions hypertrophic arthritis
(Include pregnancy within 6 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Manner of injury _____

23. Signature J. H. Inigo (M. D. or other) MD
Address 3606 Grand Ave Date signed 12-14-45

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Felix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address..... *1936 St. Louis*

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.