

S. No. 2
M-5-43
5-17-39
I X36671

FILED AUG 8 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7522 S. Grand /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Harry H. Hipwell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec. 19 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>7</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Ret. Mail Carrier

11. Industry or business _____

MOTHER FATHER

12. Name John H. Hipwell

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

14. Maiden name Mary Scott

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

16. (a) Informant Catherine McCartney
(b) Address 7522 S Grand Blvd.

17. (a) Burial (b) Date thereof 8-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
Jos. P. Fendler Jr.

18. (a) Signature of funeral director _____
(b) Address 7128 Michigan Ave.

19. (a) JUL 31 1946 (b) J. H. Fendler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Law

(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 7522 S Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from 11-5-45 to 7-30-46
that I last saw him alive on 7-17-46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Old T.B.C. (A.C.)

Due to Arrested Case
Inactive at time of death.

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

23. Signature W. J. [Signature] M.D.
(Specify type of place) (M. D. or other)

Address 9602 S. Broadway Date signed _____

U.S.P.M.
1936

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.....

..... Licensed Embalmer No.....

..... P. O. Address.....

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.....