No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36154

Registrar's No. 10117

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

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

(d) Length of stay: In hospital or institution 7/29/47 to 10/28/47 (Specify whether years, months or days)

In this community

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.: 1214 N. Garrison Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: IDA PIPKINS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Jan. (Month) 5 (Day) 1878 (Year)

8. AGE: Years 69 Months 9 Days 23 If less than one day hr. min.

9. Birthplace: Pulaski Co (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Nil

11. Industry or business

MOTHER FATHER

12. Name: H. Jones

13. Birthplace: ? Arkansas (City, town, or county) (State or foreign country)

14. Maiden name: Annie Thomas

15. Birthplace: ? Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Records

(b) Address: 5800 Arsenal St.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-3-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: J. H. Randle & Son

(b) Address: 3173 Bell ave

19. (a) NOV 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1947 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 29, 1947 to Oct. 28, 1947 that I last saw her alive on Oct. 28, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Cerebral Thrombosis recurrent	
Due to: involving cardiac center	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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: 0

23. Signature: Warren C. Lewis (M. D. or other)

Address: 5600 Arsenal Date signed 10-31-47

Jefferson City Printing Co.

(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.....

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.