

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7336

FILED MAR 8 1948

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

Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 506

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
832 Atalanta Ave.  
(If not in hospital or institution, write street number or location)

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

In this community Three months  
years, months or days

3. (a) PRINT FULL NAME Mary Ann Tipper

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John W. Tipper

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

7. Birth date of deceased Mar 14 1871  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name William Cook

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

14. Maiden name Mary Naylor

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

16. (a) Informant P. D. MacLean

(b) Address 832 Atalanta Ave.

17. (a) Removal (b) Date thereof 2 - 20 - 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Niles, Ohio.

18. (a) Signature of funeral director Mittelberg Fun'l Home.

(b) Address Webster Groves, 19, Mo.

19. (a) 2-23-48 (b) Edward J. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

(c) City or town Webster Groves 19  
(If outside city or town limits, write "RURAL")

(d) Street No. 832 Atalanta Ave.  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20  
year 1948 hour 1 minute 00 p. M.

21. I hereby certify that I attended the deceased from 12-8-47 1947 to 2-20-48 1948  
that I last saw her alive on 2-20-48 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis Duration  
Arteriosclerotic heart disease 5 yrs.

Due to Carcinoma of tongue  
with metastases 6 mth.

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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:

(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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature Edward J. Hays (M.D. or other) MD

Address 204 E. Big Bend Webster Date signed 2-20-48

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MAR 9 1948

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**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..... *Albert G. Heppner* .....

Licensed Embalmer No..... *2971* .....

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.**