S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7407

FILED MAR 3 1948

Registration District No. 3487

Primary Registration District No. 6076

Registrar's No. 485

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Pike 999
(c) City or town Pittsfield 11
(If outside city or town limits, write "RURAL")
(d) Street No. 521 N. Monroe 0
(If rural, give location) 2
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LIPPINCOTT, Clarence V.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta Lippincott
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased October (Month) 16 (Day) 1896 (Year)

8. AGE: Years 51 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Barry (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business
FATHER
12. Name Edgar Lippincott
13. Birthplace Pike County (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Carrie Westrick
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsfield, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 2-20-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1948 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from February 12, 1948 to February 19, 1948; that I last saw him alive on February 19, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOGENIC CARCINOMA, RIGHT LOWER LOBE WITH GENERALIZED CARCINOMOTOSIS (HEMATOGENOUS SPREAD)

Duration: Unk

Due to 47c

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

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) None
(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 L. E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 2/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 22 1948
AUG 5 1948

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address 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.