

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10408

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

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2946**

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

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution About 8 hours  
(Specify whether  
 In this community 1 year & 6 months (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Hester Lipscomb  
 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 Judge Lipscomb  
 6. (c) Age of husband or wife if alive 73 years  
 7. Birth date of deceased 8 - 28 - 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 6 25 hr. min.

9. Birthplace Artella Co., Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In home

12. Name Tom Bryant

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

14. Maiden name Melinda Adams

15. Birthplace Artella Co., Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Eula Owens - Daughter

(b) Address 2711 Glasgow Ave. St. Louis

17. (a) Removal (b) Date thereof 3-26-48  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: Helena Postale, Arkansas

18. (a) Signature of funeral director Marie Riley

(b) Address 3759 Finney Ave. St. Louis

19. (a) MAR 26 1948 (b) J. F. Braddock  
(Date received from informant) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2711 Glasgow Avenue  
20 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 23  
 year 1948 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Ischaemic Heart Disease (Right)  
myocardial infarction

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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) Means of injury \_\_\_\_\_

23. Signature J. Taylor (M.D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *Laurence E. Emerson*  
.....  
Licensed Embalmer No. *1541*  
.....  
P. O. Address *St. Louis, Mo.*  
.....

**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.**