FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27586

Registrar's No. 7299

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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Mx~~ New York (b) County 999

(c) City or town New York 21
(If outside city or town limits, write "RURAL")

(d) Street No. 39 E. 29th St. 0
(If rural, give location)

N.R.

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Rodney D. Chipp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Ann Chipp

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 12, 1880 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	5	7	hr. min.

9. Birthplace Newark, New Jersey 1
(City, town, or county) (State or foreign country)

10. Usual occupation Lecturer

11. Industry or business American Economics Foundation

MOTHER

12. Name Unknown

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

FATHER

14. Maiden name Julia Dennistoun

15. Birthplace Kingston, New York 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Chipp

(b) Address 39 E. 29th St. New York, N.Y.

17. (a) Removal (b) Date thereof 8/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York, New York

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 20 1948 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1948 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug. 18, 1948, to Aug 19, 1948, that I last saw him alive on Aug 18, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Artery Thrombosis,	5 Days.
Due to: Coronary artery	
Due to: Arteriosclerosis	
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) no accident

(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? Means of injury

23. Signature © Rush McAdam (M. D. or ~~Coroner~~)

Address 906 Olive Date signed Aug 19

St. Louis, Mo. 1948

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

7299

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 Ralph L. Lindsey

Licensed Embalmer No. 427

P. O. Address 31 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.