S. No. 300
v. 10-48

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

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28408

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7309

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: —
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 5938 Summitt
d. STREET ADDRESS (If rural, give location): St Louis 2079

3. NAME OF DECEASED (Type or Print)
a. (First): Marcella
b. (Middle): Lipinski
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): 8 25 1950

5. SEX: Female

6. COLOR OR RACE: Wt

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Mar'd

8. DATE OF BIRTH: 11-7-26

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR: Months 9 Days 18
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Counter Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Gasers Drug.

11. BIRTHPLACE (State or foreign country): St Louis

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Frank Lipinski

13b. MOTHER'S MAIDEN NAME: Juba

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 493-20-7183

17. INFORMANT'S SIGNATURE OR NAME: Juba Lipinski
ADDRESS: 5938 Summitt

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Hemorrhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7845

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2:55 P.M., from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E. Taylor
(Degree or title): B Colonel
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 8-28-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-29-50
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St Louis MO

DATE REC'D BY LOCAL REG. AUG 28 1950
REGISTRAR'S SIGNATURE: J. B. Fossler
25. FUNERAL DIRECTOR'S SIGNATURE: St Louis Funeral Home
ADDRESS: 2205 St Louis Ave

(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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

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.