

STANDARD CERTIFICATE OF DEATH

18473

FILED JUN 5 1951

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4879

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis, Mo

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis 2249

d. FULL NAME OF HOSPITAL OR INSTITUTION
2748 Chippewa Street

d. STREET ADDRESS (If rural, give location)
2748 Chippewa Ave.

3. NAME OF DECEASED
(Type or Print)
a. (First) Roy b. (Middle) Pippin c. (Last)

4. DATE OF DEATH
(Month) (Day) (Year)
May 24, 1951

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH
Feb. 6, 1892

9. AGE (In years, last birthday) 59
IF UNDER 1 YEAR Months Days
IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work)
Retired chauffeur

10b. KIND OF BUSINESS OR INDUSTRY
Public Service

11. BIRTHPLACE (State or foreign country)
Illinois

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Joseph Pippin

13b. MOTHER'S MAIDEN NAME
Clara Rush

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) (If yes, give year or dates of service)
No None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Nellie Gough, 6131 Virginia Ave.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
asthma

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
none

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR
4221

22. I hereby certify that I attended the deceased from May 26, 1950, to May 24, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE
G. P. Briggs, M.D.
(Degree or title)

23b. ADDRESS
3918 Castleman Ave

23c. DATE SIGNED
5-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
May 26, 1951

24c. NAME OF CEMETERY OR CREMATORY
City Cemetery

24d. LOCATION (City, town, or county) (State)
Loogootee, Ills.

DATE REC'D BY LOCAL REG. MAY 25 1951

REGISTRAR'S SIGNATURE
J. B. Fessler

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Fendler Und. Co, 7420 Michigan Ave.

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

Dr. Briggs
1-2
3819 Castleman

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Ronald A. Yabuke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.