

FILED JUN 23 1951

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4115 Peck Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4115 Peck Street</u>		e. STREET ADDRESS <u>4115 Peck Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Juliana</u> b. (Middle) <u>(Chebatorius)</u> c. (Last) <u>Chipp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Jan. 3, 1884</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hullings Cafe.</u>		11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>(Unknown) Gricius</u>		13b. MOTHER'S MAIDEN NAME <u>Eva (Gricius (Unknown))</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Chipp</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-18-8543</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Koetter</u>		ADDRESS <u>St. Louis, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of rectum</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> INTERVAL BETWEEN ONSET AND DEATH <u>About 9 m.</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>5/11/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum</u>			

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>154X</u>			

22. I hereby certify that I attended the deceased from May 9, 1951, to June 8, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>4222 N. Grand</u>		23c. DATE SIGNED <u>6-9-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville Ill.</u>	

DATE REC'D BY LOCAL REG. <u>JUN 11 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>East St. Louis, Ill.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed J. G. Farris.....

Licensed Embalmer No. 3384

P. O. Address 230 Lafayette

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.