

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24923

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1003

State File No. _____

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6273		
1. PLACE OF DEATH a. COUNTY 1				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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2109		d. STREET ADDRESS (If rural, give location) 808 WILMINGTON D		
d. FULL NAME OF HOSPITAL OR INSTITUTION 808 WILMINGTON								
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) H.		c. (Last) LIPPY		4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR. 11 1877		
9. AGE (In years last birthday) 74		If UNDER 1 YEAR Months _____ Days _____		If UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BANK TELLER			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME RICHARD LIPPY			13b. MOTHER'S MAIDEN NAME FRANCES HARD			14. NAME OF HUSBAND OR WIFE ELLA LIPPY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELLA LIPPY 808 WILMINGTON				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma of lung Carcinoma of lung					1 year 1 yr.	
		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. Chronic myocarditis					2 1/2 years 2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Chronic Myocarditis			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? 16 ft				
22. I hereby certify that I attended the deceased from 6-9, 1951 to 7-12, 1951 , that I last saw the deceased alive on 6-22, 1951 , and that death occurred at 9:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE Burchard W. Pruitt (Degree or title) Burchard W. Pruitt M.D.				23b. ADDRESS 6006 Virginia Ave		23c. DATE SIGNED 7-13-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 16 1951		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		
DATE REC'D BY LOCAL REG. JUL 13 1951		REGISTRAR'S SIGNATURE J. B. Casater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Glennie				

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

170600 PM Friday
Nov 27 27

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.

Student _____
Student Embalmer

Signed *James C. Rife*

Licensed Embalmer No. *4347*

P. O. Address *2906 Duane*

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.