

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3319
Registrar's No. 0431

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0431				
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 town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219				
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				2a. STREET ADDRESS (If rural, give location) 2939a Olive				0		
3. NAME OF DECEASED (Type or Print) a. (First) Roosevelt			b. (Middle)		c. (Last) Shipp		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12 1952			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb. 24, 1925		9. AGE (In years last birthday) 26		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZENRY OF WHAT COUNTRY? USA				
13a. FATHER'S NAME John Shipp			13b. MOTHER'S MAIDEN NAME Anna Lewis			14. NAME OF HUSBAND OR WIFE				
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 Mildred Spratt					ADDRESS 3956 Delmar 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) Bilateral Tuberculosis of Adrenal Glands						INTERVAL BETWEEN ONSET AND DEATH Undet.		
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None Undetermined								
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21d. (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from 1-8 , 19 52 , to 1-12 , 19 52 , that I last saw the deceased alive on 1-12 , 19 52 and that death occurred at 7:30a m., from the causes and on the date stated above.										
23a. SIGNATURE Lakewood W. Harris				(Degree or title) M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-14-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-17-52		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Missouri				
DATE REC'D BY LOCAL REG. JAN 15 1952		REGISTRAR'S SIGNATURE J. Earl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc.					
					ADDRESS 2820 Stoddard					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fulton E. Culkin

Signed.....

Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13*

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.