

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10626**

FILED APR 7 1954

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **543** Registrar's No. **751**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Jennings	c. LENGTH OF STAY (in this place) 1 year	c. CITY OR TOWN Jennings	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7343 Jenwood		e. STREET ADDRESS (If rural, give location) 7343 Jenwood	

3. NAME OF DECEASED (Type or Print)	a. (First) Reid	b. (Middle) F.	c. (Last) Pipkin	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1954
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH November 25, 1919	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switch Board Operator	10b. KIND OF BUSINESS OR INDUSTRY Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) Flat River, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Pipkin	13b. MOTHER'S MAIDEN NAME Clara Lawson	14. NAME OF HUSBAND OR WIFE Geraldine Pipkin
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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) no	16. SOCIAL SECURITY NO. 491-88-3469	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Geraldine Pipkin 7343 Jenwood
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins 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. Circulatory failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 201X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb 1, 1952** to **Mar 27, 1954**, that I last saw the deceased alive on **Mar 20, 1954**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L.H. Kuller M.D.	23b. ADDRESS 3121 Grand	23c. DATE SIGNED 3-24-54
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 3-27-54	24c. NAME OF CEMETERY OR CREMATORY Park View Cemetery (motor)	24d. LOCATION (City, town, or county) (State) Flat River, Missouri.
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DATE REC'D BY LOCAL REG. 3/25/54	REGISTRAR'S SIGNATURE Hebert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.
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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..

Student.....
Signature of Student Embalmer

Signed.....
Glen W. Flay

Licensed Embalmer No. *373*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.