

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39111**
Registrar's No. **10396**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**

c. LENGTH OF STAY (In this place) **Life**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4869 Lee Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Missouri**

b. COUNTY _____

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

d. STREET ADDRESS (If rural, give location) **4869 Lee Ave.**

2079

3. NAME OF DECEASED

a. (First) **HANNAH**

b. (Middle) **B.**

c. (Last) **PIPE**

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 15, 1954.

5. SEX **Female**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH
Dec. 24, 1869

9. AGE (In years last birthday) **84**

If under 1 year: Months _____ Days _____

If under 24 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired-Saleslady

10b. KIND OF BUSINESS OR INDUSTRY
Gas

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
David Hughes

13b. MOTHER'S MAIDEN NAME
Esther Marsh

14. NAME OF HUSBAND OR WIFE
William C. Pipe

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.
None

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ethel Cayse-4869 Lee Ave.**

ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Generalized Arteriosclerosis**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Coronary Arteriosclerosis**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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

21f. HOW DID INJURY OCCUR?
332X

22. I hereby certify that I attended the deceased from 1950 to Nov, 1954, that I last saw the deceased alive on Nov 15, 1954, and that death occurred at 8:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Norman C. Ross M.D.

23b. ADDRESS
1695 Brentwood Blvd

23c. DATE SIGNED
11-15-54

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

24b. DATE
11/17/54

24c. NAME OF CEMETERY OR CREMATORY
Bellefontaine Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo

DATE REC'D BY LOCAL REG.
NOV 16 1954

REGISTRAR'S SIGNATURE
J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE **Calvin F. Feutz, 4828 Natural Bridge Blvd.**

ADDRESS

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
Student Embalmer

Signed Ralph C. Zander

Licensed Embalmer No. 4275

P. O. Address 34 Lewis, Mo

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.