

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42845

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2821

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Valley Park</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 WKS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>141 Jefferson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arleigh</u> b. (Middle) _____ c. (Last) <u>Hipp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1955</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 5, 1874</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If none, give date of last work) <u>Retired - Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate dealer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Marango, Ia.</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ivy Hipps</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ivy Hipps</u>		ADDRESS <u>141 Jefferson Valley Park</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rt. Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-12 mo.</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Acute Bronchopneumonia</u> <u>3 days</u>	
DUE TO (c) <u>Acute Toxic Bronchitis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Arteriosclerotic Cardiovascular Disease</u>	
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) (STATE)	<u>1634</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>11-11-</u> , 19 <u>55</u> , to <u>12-1-</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>12-1</u> , 19 <u>55</u> , and that death occurred at <u>1:05 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Maurice F.C. Wang, M.D.</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo</u>	23c. DATE SIGNED <u>12-2-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pond Mo</u>
DATE REC'D BY LOCAL REG. <u>12-4-55</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donk</u>	FUNDING DIRECTOR'S SIGNATURE <u>H. Bopp Inc</u> ADDRESS <u>Kirkwood Mo</u>	

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 *Felix Durand*.....

Licensed Embalmer No. *3034*

P. O. Address *Hickory*.....

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.