

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11823

State File No.

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 548 Registrar's No. 640

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. LENGTH OF STAY (In this place) <u>28 yrs</u>		c. CITY OR TOWN <u>Webster Groves</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>270 Lucille Place</u>				e. STREET ADDRESS (If rural, give location) <u>270 Lucille Place</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Pipe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 5 - 1956</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>12 - 19 - 1881</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baggage Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George W. Pipe</u>			13b. MOTHER'S MAIDEN NAME <u>Etta Patterson</u>			14. NAME OF HUSBAND OR WIFE <u>Lillian Pipe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-12-5390</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lillian Pipe</u>				ADDRESS <u>270 Lucille Pl.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Hypertensive heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>20 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>443X</u>					
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 <u>February, 1952</u> to <u>March 5, 1956</u> , that I last saw the deceased alive on <u>March 3, 1956</u> , and that death occurred at <u>7:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman C. Edwards MD</u>				23b. ADDRESS <u>914 W. Big Bend Rd</u>				23c. DATE SIGNED <u>3/6/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/7/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-6-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombard MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>				ADDRESS <u>1905 Union Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. N. Edwards

11 - 12:39
3 - 5:30

9A West Big Bend - across from Pevely

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert P. Thompson*

Licensed Embalmer No. 42

P. O. Address *St. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.