

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042736

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3207

1. PLACE OF DEATH a. COUNTY <del>900 Truedale (Home)</del> St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves		c. CITY OR TOWN Webster Groves 4597	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 900 Truedale (Home)		d. STREET ADDRESS 900 Truedale (If outside, give location)	
Length of stay in lb YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Samuel Middle Lipscomb Last Lipscomb			4. DATE OF DEATH Month 12 Day 5 Year 58		
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-13-1872	9. AGE (In years by birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Porter		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE (City and state or country) Raleigh N. CAROLINA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Lipscomb			14. MOTHER'S MAIDEN NAME UNK		
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. 709-09-5385	17. INFORMANT Mrs. Mildred Lipscomb Address 900 Tresdale		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from Jan 54 to Dec 5, 1958 and last saw him alive on 2-28-58. Death occurred at 7309 on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED
<i>[Signature]</i>		2350 Webster Groves		12-8-58

23a. BURIAL, CREMATION, REBORN (Specify) Burial	23b. DATE 12-9-1958	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) Crestwood	(State) Mo
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24. FUNERAL DIRECTOR ADDRESS Lewis Funeral Home 22 Euclid	25. DATE RECD. BY LOCAL REG. 12-8-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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health, Welfare Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

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