

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 59-038304

FILED VS NOV 2 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2787 STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Clayton** Length of stay in 1b **5 weeks**

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Co. Hospital** Inside Limits Yes No

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

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Overland** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2745 Wismer** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **William** Middle **Edward** Last **SHIPP**

4. DATE OF DEATH Month **10** Day **20** Year **1959**

5. SEX **Male** **6. COLOR OR RACE** **White** **7. Married** **Never Married** **Widowed** **Divorced**

8. DATE OF BIRTH **8-30-78** **9. AGE (last birthday)** **81** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber** **10b. KIND OF BUSINESS OR INDUSTRY** **Barbering** **11. BIRTHPLACE** (City and state or country) **Karbers Ridge, Ill.** **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **James H. Shipp** **13b. MOTHER'S MAIDEN NAME** **Eliza Ginger** **14. NAME OF HUSBAND OR WIFE** **Bertha Shipp**

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.** **492-07-8205** **17. INFORMANT** **Bertha Shipp, 2745 Wismer** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cerebral infarction** INTERVAL BETWEEN ONSET AND DEATH **2 days**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **probable thrombosis**

DUE TO (c) **Generalized Arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Minimal Pneumonia and recent post op amputation**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO **20a. ACCIDENT** **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **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 **9-15-1959** to **10-20-1959** and last saw him alive on **10-20-1959** Death occurred at **5:45 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Marshall L. Moore M.D.** **22b. ADDRESS** **601 S. Brentwood Blvd.** **22c. DATE SIGNED** **10/20**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **23b. DATE** **10-23-1959** **23c. NAME OF CEMETERY OR CREMATORY** **Nt. Lebanon Cemetery** **23d. LOCATION (City, town, or county) (State)** **St. Ann, Missouri**

24. FUNERAL DIRECTOR **2504** **ADDRESS** **Woodson Rd.** **25. DATE RECD. BY LOCAL REG.** **10-21-59** **26. REGISTRAR'S SIGNATURE** **John C. Murphy M.D.**

Baumann Bros. Inc. Overland, Mo.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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:

David C. Gibbs

Licensed Embalmer No. 3454

P. O. Address: Overland

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.