

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
29647

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo** No. **City Hospital 2** St. Ward) **8678**

2. FULL NAME

Simon (David) Pipens
(a) Residence, No. **514** St. **Kathar** St. **18** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **49** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1874		
7. AGE	YEARS 57	MONTHS 2
	DAYS 23	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labour	
	10. Date deceased last worked at this occupation (month and year) unknown	11. Total time (years) spent in this occupation unknown
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark		
FATHER	13. NAME Adam Pipens	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark	
MOTHER	15. MAIDEN NAME Elyza Wheeler	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark	
17. INFORMANT A. D. ... (ADDRESS) City Hospital		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Kennett	DATE 8/13 19 31
19. UNDERTAKER A. S. ... (ADDRESS) 2726 ...		
20. FILED 11 13 31 W. C. Standley Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-8** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **8-5** 19**31** to **8-8** 19**31**

I last saw him alive on **8-8** 19**31** Death is said to have occurred on the date stated above, at **8:00** a.m.

The principal cause of death and related causes of importance were as follows:

step case Peritonitis 1 day

121A

Other contributory causes of importance: **121B**

Gangrene Appendix 3 day

Name of operation **Appendectomy** Date of **8-8-31**

What test confirmed diagnosis? **Microscopic** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **Wm. E. Hampton**, M. D.
(Address) **City Hospital 2**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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