

AUG 9 1935

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

Do not use this space.

24770

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City

No.

St. Louis
Detail Hospital

File No.

6202

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

4648 Fabode ave

St.

to Ward. 10

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 18, 1935

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 1/2 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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis Missouri

13. NAME

Harbert Tippett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Marie Neuburg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Harbert Tippett
4648 Fabode ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

July 19th 1935

19. UNDERTAKER

(ADDRESS)

Trost - Carroll
4600 Natural Bridge ave

20. JUL 20 1935

19.

J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1935 to July 19, 1935

I last saw him alive on 8:30 AM July 19, 1935

to have occurred on the date stated above, at 01A m.

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

Date of onset

Primipara 6 1/2 mo. unable to assimilate food.

Other contributory causes of importance

Unknown Primipara birth

Name of operation

What test confirmed diagnosis Phy. Examination Was there an autopsy?

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? no

If so, specify

(Signed) Francis Conway, M. D.

(Address) 5021 N. Union

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.

Handwritten text, possibly a signature or date, oriented vertically. The text is extremely faint and difficult to decipher, but appears to contain several lines of characters.