

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26485

Do not use this space.

PLACE OF DEATH

- (a) County St. Louis Registration District No. 284
 (b) Township St. Ferdinand Normandy Primary Registration District No. 200 Registered No. 1301
 (c) City Normandy (d) Street No. Glen Echo Country Club Golf Course
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- Joseph Holt Tipton 1855
 (a) Residence, No. #10 Weydown Terr St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Octavia G. Tipton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8 - 1893</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>11</u>	DAYS <u>22</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Assoc. with</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Chas. F. Richard shoe mfg. - supplier</u>	
	10. Date deceased last worked at this occupation (month and year)..... Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Samuel M. Tipton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Grace Holt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs. J. H. Tipton, #10 Weydown Terr.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>8-25-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>C. R. Tipton & Sons, #7233 Delmar Blvd.</u>		
20. FILED <u>AUG 2 1938</u> <u>D. R. Meyer, M. D. H. N.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1938

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Heat ProstrationDate of onset
7/31/38

Other contributory causes of importance:

Myocardial scarring.Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 7/3 1/38
Where did injury occur? Normandy, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Overcome by atmospheric heat
Nature of injury Heat prostration.24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify John Howell, M. D.
(Signed) Exoner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 1 X12004

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.

AUG 13 1941

STATEMENT BY LICENSED EMBALMER

I, B. A. Miles, Licensed Embalmer No. # 2901

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed B. A. Miles

Licensed Embalmer No. # 2901

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.)