

No. 2
1-10
17-35
X21492

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1839

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
448 Oakley Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH M. SIPPY

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvin H. Sippy
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June 6, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 3 22
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 0

MOTHER FATHER { 12. Name Louis Stumpf

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Weber

15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16: (a) Informant: Dr. Alvin H. Sippy

(b) Address 448 Oakley Dr, Clayton, Mo.

17. (a) Burial (b) Date thereof 10/1/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) OCT - 1 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 448 Oakley Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 28th
year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 22 1940 to Sept. 28 1940;
that I last saw her alive on Sept. 28 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lungs (Bilateral Metastatic)

Due to Carcinoma of Left Breast

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 50

Duration
6 mo
3 1/2 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

767 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 3720 Washington Blvd Date signed 9/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2770 Brookington
95-1551
1-5 PM

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 _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St. Louis Mo

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 this body is not embalmed, above space should be left blank.