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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36103

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 2280

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 127 S. Laclede Sta Rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 127 So. Laclede Sta Rd. 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mary E. Pipkin

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Feb 20 - 1850
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	8	20	..... hr. ..... min.

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

10. Usual occupation Nil -

11. Industry or business .....

FATHER
12. Name Joseph E. Sale
13. Birthplace St Louis Co O Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Syrena Wells
15. Birthplace St Louis Co. O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mary S. Pipkin
(b) Address 127 So. Laclede Sta Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Oak Hill Cem

18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood, Mo

19. (a) NOV 12 1941 (Date received local registrar) (b) E. S. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 10
year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May, 1941 to Nov. 10, 1941; that I last saw her alive on Nov. 10, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Arteriosclerosis -	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy none	

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) No
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Joseph E Carney (M. D. ~~or other~~) MD
Address 1525 Frisco Bldg Date signed 11-12-41

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(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

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 John M Meyer

Licensed Embalmer No. 3285

P. O. Address Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.