

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1309a Wyoming
(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.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1309a Wyoming
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st,
year 1941 hour 6 a.m. minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic Myocarditis
Duration.....

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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?.....

While at work?..... (Specify type of injury)
Means of injury.....
23. Signature..... (M. D. or other)
Address..... Date signed 12/2/41

3. (a) PRINT FULL NAME Earl Tipton

3. (b) If veteran, name war None 3. (c) Social Security No. 48-03-2292

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

6. (b) Name of husband or wife Evyln Tipton 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased February 7, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 9 24 hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business.....

12. Name William Tipton

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

14. Maiden name Catherine Huesman

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Roy Tipton

(b) Address 1309a Wyoming

17. (a) Burial (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 2 1941 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

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

39
970

J.H. 0149

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..... *Virgil L. Berryman*.....
Licensed Embalmer No. *4618*
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, fact should be so stated above.