

No. 2  
4-41  
17-30  
X-200

JAN 24 1942 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 13343 Belt Ave.  
(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 Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3343 Belt Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Fred Oscar Dipon

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-7248

4. Sex Male

5. Color or race Wh

6. (b) Single, widowed, married, divorced Married

6. (a) Name of husband or wife Daisy

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 15 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Port Smith, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Johansen Bros Shoe Co

12. Name John Dipon

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

14. Maiden name John

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

16. (a) Informant Mrs. Daisy Dipon

(b) Address 3343 Belt Ave

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

(c) Place: burial or cremation Memorial Park, St. Louis  
18. (a) Signature of funeral director Chas. L. Stuart  
(b) Address 1225 Union Blvd.  
19. (a) DEC 3 1941 (b) J. T. Prelock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1  
year 1941 hour 10 minute P. M.  
21. I hereby certify that I attended the deceased from Sept. 20  
1941 19. to Dec 1 1941  
that I last saw him alive on Dec 1 - 1941 19. and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to Chronic arteriosclerosis  
Other conditions Chronic arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations none  
Of autopsy none

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? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury none  
23. Signature Dr. F. H. Harkman M. D. or other \_\_\_\_\_  
Address 2799 24th St. St. Louis Date signed \_\_\_\_\_

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

Handwritten mark

12-2-41

**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.....

*Bernard M. Stuart*

Licensed Embalmer No. *3500*

P. O. Address. *1225 Union, Ala*

**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.**