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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15601

Registration District No. 784 Primary Registration District No. 117 Registrar's No. 1066

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

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: 128 JEFFERSON RD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 42 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 128 JEFFERSON RD.
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME FRANCES LIPPINCOTT TESSON
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife WILLIAM P. TESSON
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased MAY 19th (Month) 1865 (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace STOCKTON (City, town, or county) CALIFORNIA (State or foreign country)
10. Usual occupation AT HOME.
11. Industry or business ____
FATHER 12. Name BENJIMAN R LIPPENCOTT
FATHER 13. Birthplace MAUCH CHUNCK (City, town, or county) PENN. (State or foreign country)
MOTHER 14. Maiden name CORNELIA P. WHITE
MOTHER 15. Birthplace UNKNOWN (City, town, or county) NEW YORK (State or foreign country)
16. (a) Informant Cornelia L. Johnson
(b) Address 128 JEFFERSON RD. W.G. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parker and Co.
(b) Address WEBSTER GROVES MO.
19. (a) MAY 16 1942 (Date received local registrar) (b) C. G. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14 year 1942 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from many years, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	Terminal
Due to: Hypertrophic arthritis with complete ankylosis & bed ridden	
Due to: for one year.	
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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) none
(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 place) (e) Means of injury ____

23. Signature Frank P. Gaunt (M. D. or other) MD
Address 13A N. Gore, Webster Groves Mo. Date signed 5/15/42

(Licensed Embalmer's Statement on Reverse Side)

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 C C Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.