

FILED JAN 5 1945 318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether 1)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Joseph Edward Sippy
3. (b) If veteran, name war no 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Sippy 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 3 27 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 0 If less than one day, hr. min.

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

10. Usual occupation Amusements

11. Industry or business Mgr. Empress Theatre

MOTHER FATHER { 12. Name William Sippy
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Louise Summer
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Louise Sippy
(b) Address 3007 N. Spring Avenue

17. (a) Cremation (b) Date thereof 12-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Boulevard

19. (a) DEC 29 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Post
(c) City or town St. Louis 17 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3007 N. Spring Avenue 7
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27th
year 1944 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from December 24, 1944, to December 27, 1944;
that I last saw him alive on December 27, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Bronchial pneumonia Duration

Due to Uremia

Due to Carcinoma of liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Hof Of autopsy As above
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 place) (e) Means of injury

23. Signature JR Bradley (M. D. or other) 0
Address Barnes Hospital, Date signed 12-27-44

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..... *Thomas R Jenovik*

Licensed Embalmer No. *3793*

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.