S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10760

State File No.

FILED MAR 25 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2622

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: St. Louis City Hospital-Max C. Starkloff
(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 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 915A Julia St., 9
(If rural, give location)
Memorial 23
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ISAAC TIPPY
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Tippey
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May 11, 1867 (Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 4 If less than one day hr. min.
9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name ? Tippey
13. Birthplace Iowa (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lillian Knight
(b) Address Gainsville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) 1 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15th
year 1948 hour 3 minute 20 A M.
21. I hereby certify that I attended the deceased from 3/7/48
, 19, to March 15th, 1948
that I last saw him alive on March 15th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	1 week
Due to cerebral arteriosclerosis	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Joseph C. V. Elden (M.D. or other)
Address City Hospital Date signed 3/15/48

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

Jefferson City Printing Co. (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 Anthony Bonn Registered Apprentice No. 102 working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.