

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

#85052  
 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED AUG 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24797  
 State File No. 6493  
 Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
 (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 2 months 0  
 (Specify whether 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. 1712 Menard St. (rear)  
 Memorial 23 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)-  
 If yes, name country.

3. (a) PRINT FULL NAME SALLIE TIPTON

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife William H. 6. (c) Age of husband or wife if alive 79 years  
 7. Birth date of deceased April 7 1866  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER {  
 12. Name Henry Wilson  
 13. Birthplace Unknown Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Lane  
 15. Birthplace Unknown Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant William H. Tipton  
 (b) Address 1712 Menard St. (Rear)

17. (a) Burial (b) Date thereof 7/23/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker - Heleberle  
 (b) Address 3634 Gravois Ave.

19. (a) JUL 23 1948 J. F. Bruesch  
 (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th  
 year 1948 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5/17/48  
 19 to July 20th 19 48  
 that I last saw her or alive on July 20th 19 48  
 and that death occurred on the date and hour stated above.

Immediate cause of death Duration  
 Hemia  
 Due to Splenophlebitis - non calculous  
 Due to Cystitis - catarrhal

Other conditions  
 (Include pregnancy within 3 months of death)

Major findings: Of operations / 33 a  
 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 place) (e) Means of injury

23. Signature Elliot A. Bryan (M. D. or other)  
 Address 1515 Lafayette 7/21/48

**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..... *Robert C Wheeler* .....

Licensed Embalmer No. *2178* .....

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.**