

FILED OCT 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34451

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2304

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>	
		d. STREET ADDRESS <u>2310 Jones Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u> b. (Middle) _____ c. (Last) <u>Sipp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 24, 1889</u>
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>11</u>	11. DAYS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia, Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Handy Haroon</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen M. Gee</u>		14. NAME OF HUSBAND OR WIFE <u>Stephen Sipp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvester Pace</u> ADDRESS <u>7910 Jones</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> INTERVAL BETWEEN ONSET AND DEATH <u>? 3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Senile Encephalomalacia</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> <u>MALNUTRITION</u> INTERVAL BETWEEN ONSET AND DEATH <u>yes</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8-31</u> , 1953, to <u>9-1</u> , 1953, that I last saw the deceased alive on: <u>9-1</u> , 1953, and that death occurred at <u>11:55 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles E. Bradine M.D.</u>		23b. ADDRESS <u>601 S. Brentwood Clayton 5 Mo.</u>	23c. DATE SIGNED <u>9-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCombs</u>	24d. LOCATION (City, town, or county) (State) <u>McCombs Miss.</u>
DATE REC'D BY LOCAL REG. <u>9/4/53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Spink M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Francis</u>	ADDRESS <u>1221 Grand</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—PLEASE PRINT

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Gupton Severn

Licensed Embalmer No. 4580

P. O. Address 1221 Myrtle

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.