

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014893
State File No.

FILED APR 22 1958

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5-6-7-5 Registrar's No. 27

0570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsberry</u>	c. LENGTH OF STAY (in this place) <u>8 months</u>	c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ladell Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>48 E. Big Bend Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Pipkin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 2 1958</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 16, 1877</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 YEAR Months Days	if UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tobacco Wrapper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sappington Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Pipkin</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Pipkin</u>
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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>489 10 5178a</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. Atwell Pipkin</u>	ADDRESS <u>7445 Chandler Ave.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug. 9, 1957, to April 2, 1958, that I last saw the deceased alive on April 1, 1958 and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Hall, M.D.</u>	(Degree or title)	23b. ADDRESS <u>2 Cherokee Mo</u>	23c. DATE SIGNED <u>4/5/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>4/5/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/19/1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Buchholz Mortuary</u>	ADDRESS <u>5967 W. Florissant Ave</u>
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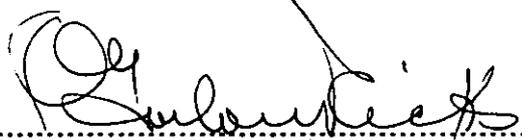
MAY 8 1958

FEB 8 1961

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No..... 4012

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.