MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31864

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9226

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 4119 Cousins St. ..... Ward)

2. FULL NAME CHARLES LIPPERT

(a) Residence. No. 4119 Cousins St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 27 1917

7. AGE: Years 9 | Months 11 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis.

PARENTS

10. NAME OF FATHER: Charles Lippert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis
12. MAIDEN NAME OF MOTHER: Theresa Behling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): New York City.

14. INFORMANT: Laura Richard
(Address) 1902 Cass. Ave

15. FILED OCT 17, 1927 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1927, to Oct 14, 1927 that I last saw him alive on Oct. 13, 1927, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10

Diphtheria

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) none

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? same

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual

(Signed) W. W. Gilbert, M. D

10/15, 1927 (Address) 4103 Easton

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary Cemetery | DATE OF BURIAL: Oct 17 1927

20. UNDERTAKER: Central Und. Co. | ADDRESS: 1841 Cass.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

Cass & Sarah
Brock [illegible]
Dr. Hilbert