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

Do not use this space. 3560

1. PLACE OF DEATH
County: Baptist Hospital — Registration District No. 791 — File No.
Township: — Primary Registration District No. 1003 — Registered No. 1207
City: St. Louis, Mo. (No. St. Louis Bapt. Hospt. St. Ward)

2. FULL NAME: Richard C. Gipfel
(a) Residence. No. 2906 Keokuk St. St., 24 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-26-1891

7. AGE: 36 Years — Months: 4 Mo. — Days: 4 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Meat Cutter
(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): Millstadt Ill.

PARENTS
10. NAME OF FATHER: Geo. Gipfel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Minnie Stoeber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Millstadt Ill.

14. INFORMANT: Esther Gipfel
(Address): 2906 Keokuk St.

15. FILED: FEB -1 1928, 19 — Max C. Starkoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Jan 30, 1928, that I last saw him alive on Jan 30, 1928, and that death occurred, on the date stated above, at 7:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis due to Infection of Throat non Diphtheritic
115A
130 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Streptococcic infection of pharynx & tonsils Non Diphtheritic (duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2906 Keokuk St
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Culture from throat
(Signed) L. W. Davies, M.D.
Feb 1, 1928 (Address) 2337 N. Market St

*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: New St. Marcus Cemetery — DATE OF BURIAL: Feb. 2 1928

20. UNDERTAKER: John A. Genteman — ADDRESS: 4320 Warne ave

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.

PERMANENT RECORD