

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

Do not use this space.

34919

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **1433a**) **Semple Ave.** St. _____ Ward _____

File No.
Registered No. **9891**
St. _____ Ward _____

2. FULL NAME Julius C. Wipperman

(a) Residence. No. 1433a Semple Ave. St. 6 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26, 1869.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	59	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER Herman Wipperman

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Sharlotte Stiegemeier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Germany.

14. INFORMANT Mrs. Louisa Wipperman,
(Address) 1433a Semple Ave.

15. FILED OCT - 8, 1928 Marv Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 5, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1928, to Oct 5, 1928 that I last saw him alive on Oct 5, 1928, and that death occurred, on the date stated above, at 12, noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46 B
130
Carcinoma of Stomach
(duration) 0 yrs. 6 mos. 0 ds.
CONTRIBUTORY Acute nephritis
(SECONDARY)
(duration) 0 yrs. 1 mos. 0 ds.

18. IF THERE WAS A DISEASE CONTRACTED IF NOT AT PLACE OF DEATH..... Place of death

C DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Aut. Exmor
(Signed) Wm T. Hirsch, M. D.
194, 18 28 (Address) 3500 N Grand

*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 St Peter's Cem. DATE OF BURIAL 10-8 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton

K. 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.

WHILE IN LINE, WITH ON-PADING INK—THIS IS A PERMANENT RECORD

No 24474
250070 Grand

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