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

Do not use this space.

12621

1. PLACE OF DEATH

County ..... Registration District No. 79N 4007 File No. 3150

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

City St. Louis (No. 400 Washington, Kennard Carpet Co. St. ..... Ward)

2. FULL NAME John Kipp

(a) Residence. No. 3923 Botanical St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	3	3	

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

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

PARENTS

10. NAME OF FATHER Martin Kipp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Marie Weber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Barbara Kipp
(Address) 3923 Botanical Ave

15. FILED MAR 13 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1927, to Feb 26, 1929 that I last saw him alive on Feb 26, 1929, and that death occurred, on the date stated above, at 9 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrage
131 Immediate
82 A
77
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Chronic Bright Dis (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) T H Diver, M. D
Mar 12 1929 (Address) 306 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 Vahalla Cemetery DATE OF BURIAL March 14 1929

20. UNDERTAKER Kriegshauser Und. Co ADDRESS 4228 S Kingshighway

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.

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