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

Do not use this space.

12694

1. PLACE OF DEATH

County..... Registration District No. 781

Township..... Primary Registration District No. 1002

City St. Louis (No. 6020 Pennsylvania Avenue St. ..... Ward)

File No. ..... Registered No. 3229

2. FULL NAME John A. Kipper

(a) Residence. No. 6020 Pennsylvania Ave St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1863.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(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) Germany.

PARENTS

10. NAME OF FATHER John Kipper.

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

12. MAIDEN NAME OF MOTHER Louise Dausch.

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

14. INFORMANT Serafine Kipper
(Address) 6020 Pennsylvania Avenue.

15. FILED ....., 19.. Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/13

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1928, 19.., to March 13th, 1929 that I last saw him alive on March 12th, 1929 and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 10:00 PM

Chronic Interstitial nephritis

131

132 B

Several years (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uraemia (duration) ..... yrs. ..... mos. 4 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? Clinical & Laboratory

(Signed) P. Brickhead, M. D

3/14/29 (Address) 3147 S. Jefferson Av.

*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	DATE OF BURIAL
SS. Peter & Paul Cemetery	Mar. 16, 1929

20. UNDERTAKER	ADDRESS
J. H. Gebken L. & U. C.	2842 Meramec

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.