

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

Do not use this space.

14191

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... (No. **Alexander Bros Hosp**)

File No.....  
Registered No. **3525** St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

**John Sipp**  
(a) Residence No. **Pond mo** St., **24** Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. **6** mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 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) **Mar 5 - 1865**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**65** ~~65~~ **1** ~~1~~ **1**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **laborer**  
(b) General nature of industry, business, or establishment in which employed (or employer) **General farm labor**  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) **Jefferson Co**  
(STATE OR COUNTRY) **American mo**

10. NAME OF FATHER **Isidor Sipp**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) **unknown**  
12. MAIDEN NAME OF MOTHER **Matilda Sipp**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) **unknown**

14. INFORMANT **Jon M. Daniel**  
(Address) **Isidor mo**

15. FILED **1930-11-1330** **Ray E. Farley**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 6 1930**  
17. I HEREBY CERTIFY, That I attended deceased from **Feb 2** 19**29** to **April 6** 19**30** that I last saw him alive on **April 6** 19**30**, and that death occurred, on the date stated above, at **8:30 P.** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**93C Chronic myocarditis**  
**97**  
\_\_\_\_\_ (duration) \_\_\_\_\_ yrs. **6** mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) **arterio-sclerosis**  
(duration) **2** yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **chemical course**  
(Signed) **W. S. ...** M. D.  
, 19 \_\_\_\_\_ (Address) **2708 Sym & N. from Key**

\*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 **Bethel Cem. - Pond mo** DATE OF BURIAL **Apr 9 1930**

20. UNDERTAKER **Schrader Ind Co** ADDRESS **Ballwin mo**

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.

RECORDING INFORMATION THIS IS A PERMANENT RECORD

