WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

36018

File No. 36018

Registered No. 10539

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3972 Wyoming St. ..... Ward)

2. FULL NAME Franz Joseph Wippold

(a) Residence, No. 3972 Wyoming St., 16 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: Pauline Wippold

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 21, 1858

7. AGE: YEARS 73, MONTHS 11, DAYS 24. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mississippi Valley Trust
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Anton Wippold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Unknown Van Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Pauline Wippold, 3972 Wyoming

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemetery DATE: 10-19-31

19. UNDERTAKER (ADDRESS): Kriegshauser Mortuaries, 4228 Soskinguiguay

20. FILED: OCT 16 1931 19 Max C. Parker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1931, to Oct 15 th. 31
I last saw him alive on Sept 13 th, 1931. Death is said to have occurred on the date stated above, at 4:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	July 31
Cerebral Hemorrhage	

Other contributory causes of importance:

Arterial Sclerosis	
Indefinite	

Name of operation: None Date of .....
What test confirmed diagnosis? Laboratory Histology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. Schisler, M. D.
(Address) 945 Mo Bldg