

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

Do not use this space.

6636

1. PLACE OF DEATH

County..... Registration District No. 781
 Township..... Primary Registration District No. 1005
 City St Louis (No. 3511, Spring A) St. _____ Ward _____

File No. _____
 Registered No. 1710

2. FULL NAME Peter W. Dippel

(a) Residence, No. 3511 S Spring Ave St. 16 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 Elizabeth Dippel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1878

7. AGE YEARS 53 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assembler 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Century Electric Co.

10. Date deceased last worked at this occupation (month and year) Feb 23 - 1931 11. Total time (years) spent in this occupation 22 1/2

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

13. NAME Peter Dippel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anne Schroeder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Elizabeth Dippel

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter - Park DATE Feb 29 1932

19. UNDERTAKER H. J. Zickler

20. FILED Feb 22 1932 W. C. Anderson Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/8 1931, to Feb. 20 1932

I last saw him alive on 2/20 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Uraemia 45E Date of onset 2/16/32
131
132E

Other contributory causes of importance:
Carcinoma left cheek Feb 4 29
Chr. nephritis July 1931

3. Name of operation Non-operative Date of _____
 What test confirmed diagnosis? _____ 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 D

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) Eber Simpson M. D.
 (Address) 3729 Graysons ave

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.

200 100 100

176 2³⁰ 100

21
100

11