

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.

30561

## 1. PLACE OF DEATH

County ..... Registration District No. 701  
Township ..... Primary Registration District No. 5022  
City ST. LOUIS MO. (No. 2922 GREER AVENUE. St. ..... Ward) (If nonresident, give city or town and State)

File No. ....  
Registered No. 8222

2. FULL NAME CLARA JULIA HIPPE.

(a) Residence, No. 2922 GREER AVENUE. St., 10 Ward.

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 FEMALE. 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 CHARLES L. HIPPE.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/4/1887.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 3 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) RED BUD. (STATE OR COUNTRY) ILLINOIS. 2

13. NAME AUGUST KALBITZ.

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MISSOURI. 1

15. MAIDEN NAME MARY BRANDT.

16. BIRTHPLACE (CITY OR TOWN) RED BUD. (STATE OR COUNTRY) ILLINOIS. 2

17. INFORMANT Charles C. Hippe. (ADDRESS) 2922 GREER AVENUE.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PETERS CEM. DATE 9/13/32 19.

19. UNDERTAKER Rovosh Lumber Co. (ADDRESS) 3710 N. GRAND BLVD.

20. FILED SEP 12 1932 Max C. Hartley Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10/32 1932

22. I HEREBY CERTIFY, That I attended deceased from DEC 15, 1931, to Sept 10, 1932  
I last saw h. e. p. alive on Sept 8, 1932. Death is said to have occurred on the date stated above, at 1-50 A.M.

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

Generalized 50  
pericarditis  
pericarditis

Other contributory causes of importance:

Carcinoma of left breast primary seat

Name of operation removal of breast Date of no  
What test confirmed diagnosis? XRay 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?.....  
If so, specify no

(Signed) Wm E. Gosh M. D.  
(Address) 849 Lehigh St.

