

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 3002  
 City St. Louis 3916 Barstford St. .... Ward)

3844

File No. ....  
 Registered No. 805  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Wippler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 22-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 10 =

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired  
 (c) Name of employer

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

10. NAME OF FATHER Carl Wippler

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Elizabeth Schaffner  
3916 Barstford

15. JAN 23 1933 FILED Year 1933 Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 22 1933 to Jan 22 1933 that I last saw him alive on Jan 21 1933, and that death occurred, on the date stated above, at 12:30 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
old age (duration) ..... yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) old age (duration) ..... yrs. .... mos. .... da.

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? Physical Et  
Dr. S. V. Yone (Signed) ..... M. D.

Jan 24 1933 (Address) 1803 Barstford

\*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 No Crematory DATE OF BURIAL Jan 24 1933

20. UNDERTAKER Funeral Home Inc. ADDRESS 7128 Michigan

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.

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