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.

File No. 21455

Registered No. 5241

1. PLACE OF DEATH

County ..... Registration District No. ..... 7 .....

Township ..... Primary Registration District No. ..... 3 .....

City St. Louis (No. 5605, Lisette St. ..... Ward)

2. FULL NAME Andrew Zipp

(a) Residence, No. 5605 Lisette St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Zipp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	3	3	

OCCUPATION

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

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

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) St. Louis Mo Missouri

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) James Zipp (Son) 5605 Lisette

18. BURIAL, CREMATION, OR REMOVAL

PLACE S.S. Peter & Paul DATE June 16, 1933

19. UNDERTAKER (ADDRESS) Oscar J. Hoffmeister 4014 Chippewa Ste

20. FILED JUN 15 1933 19 J. F. Baedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 13, 1933

I last saw him alive on June 12, 1933. Death is said to have occurred on the date stated above, at 6 30 A.m.

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

	Date of onset
Chronic myocarditis	1930
930	

930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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) A. H. Cleveland, M. D.

(Address) 3326 Meramec St.