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.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 22609

Township ..... Primary Registration District No. ..... Registered No. 6446

City St. Louis, Mo. (No. U S Marine Hospital, 3640 Marine Ave., St. 10 Ward)

2. FULL NAME John M. Hipple

(a) Residence, No. 218 Merchants Laclede Bldg. 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 8, 1864

7. AGE: 70 YEARS, MONTHS: 5, DAYS: 21. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master & Pilot
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on River Steamers
10. Date deceased last worked at this occupation (month and year) Feb. 14, 1931
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

FATHER

13. NAME: Joseph Hipple
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Penn.

MOTHER

15. MAIDEN NAME: Louise Reikert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): G. Pinkston U S Marine Hospital, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rockville, Ill. DATE June 30, 1934

19. UNDERTAKER (ADDRESS): Drehmann Hanal 1905 Union Blvd

20. FILED JUN 29 1934, 19 J. S. Biedeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1931, 19, to June 29, 1934, 19

I last saw him alive on June 29, 1934, 19. Death is said to have occurred on the date stated above, at 9:45 AM

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

	Date of onset
Myocarditis, chr.	1929
34	
96	
0.3	

Other contributory causes of importance:

Aneurysm, aortic	1929
Syphilis, tertiary	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical and laboratory 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) J. T. Delougherty

(Address) J T Delougherty, A. A. Surg. USPHS U S Marine Hospital, St. Louis, Mo.

Certified: D. J. Prasher, Med. Off. Charge