DEC 1 3 1934

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

Do not use this space.

41278

File No. ____

Registered No. 11263

1. PLACE OF DEATH

County ____ Registration District No. 791

Township ____ Primary Registration District No. 1008

City St. Louis (No. 4613 Louisana ve. St. ____ Ward)

2. FULL NAME William F. Sippel

(a) Residence, No. 4613 Louisana ve. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Sippel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13th. 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	67	9	11	

OCCUPATION

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

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) Carlinville Ill.

FATHER

13. NAME Philip Sippel

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

MOTHER

15. MAIDEN NAME Elizabeth Stauch

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

17. INFORMANT Louise Sippel
(ADDRESS) 4613 Louisana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Nov. 27th, 1934

19. UNDERTAKER Wm Schumacher
(ADDRESS) 3013 Meramec Street

20. FILED NOV 26 1934 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) N OV. 24th., 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1934, to Nov 24th, 1934

I last saw h. alive on Nov 23, 1934. Death is said to have occurred on the date stated above, at 11/40am

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

	Date of onset
Acute alcoholic intoxication	Nov 8th 1934
Coma	
Uremia	

Other contributory causes of importance:

Acute nephritis	Nov 22

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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

(Signed) Chas. F. Strother, M. D.

(Address) 3860 S. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

10M-11-24-33

Dr. C. [illegible]
3860 So Broadway
Prosp. 2728
10:30 to 11