

APR 9 1935

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

Do not use this space.

11234

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Paul Hospital**)

File No.
Registered No. **2891**
St. Ward)

2. FULL NAME

William Lippold
(a) Residence, No. **3412 Brooklawn** St., **21** 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 **Male** 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 **Dorothy Lippold**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 9, 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Special Delivery Messenger**

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**

13. NAME **William Lippold**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

15. MAIDEN NAME **Jenny Graves**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo**

17. INFORMANT **Jessie Ellis** (ADDRESS) **5190 Rosa Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Picher Cem.** DATE **Mar. 29, 1935**

19. UNDERTAKER **Goodhart & Goodhart** (ADDRESS) **2328 1/2 Zany Ave**

20. FILED **MDP 28 1935 19** **St. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 25, 1935**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above at **3:20 a.m.**
The principal cause of death and related causes of importance were as follows:

210
Fracture of Skull, Hemorrhage of Brain, Laceration of Brain received when an acute

Other contributory causes of importance: **257**
caused by the deceased collapsed with a telephone pole in St. Louis County, Mo.

Name of operation **Accident** Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accid.** Date of injury **3/25, 1935**
Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**
Manner of injury **Auto driven by deceased struck pole**
Nature of injury **Fracture of skull**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Accident**
(Signed) **Sorrell Bellamy, M.D.**
(Address) **St. Louis Mo.**

WHITE 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.

SEP 6 1957

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