

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

Do not use this space.

JUL 3 0 1935

791
1003

24897

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *St. Louis* (No. *City*)

File No.....

6333

Registered No.....

St. Ward)

2. FULL NAME *Josephine Kipper*

(a) Residence, No. *1811 N 18th St.* Ward. *26*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 24 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Peter Kipper*

22. I HEREBY CERTIFY, That I attended deceased from *7/15* 1935, to *July 24* 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 14 1910*

I last saw him alive on *July 24 1935* Death is said to have occurred on the date stated above, at *10:30* a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *24 8 20*

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Hub*

Mycelogenous Leukemia Date of onset

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

Other contributory causes of importance: *72*

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

13. NAME *Mr. Lezewski*

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Europe*

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

15. MAIDEN NAME *Stacy Dubowski*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT *Wasp by Dr. [unclear]*

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Galvany* DATE *July 27 1935*

Manner of injury.....

Nature of injury.....

19. UNDERTAKER *Aug Shockland 1421 142 St.*

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

20. FILED *JUL 26 1935* *J. Bredeck* Registrar.

(Signed) *[Signature]*, M. D.

(Address) *City St. Louis*

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.

