

JAN 10 1938

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

42991
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township **St. Louis**..... Primary Registration District No. **1003**
(c) City..... (d) Street No. **FARNES HOSPITAL**..... Registered No. **11241**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alfred Kipp**

(a) Residence, No. **4667 Evans**..... St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 19, 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer 23**
9. Industry or business in which work was done, as 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) **Germany 10**

13. NAME **Rudolf Kipp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Mary Miller**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

17. INFORMANT **Rudolf Kipp** (ADDRESS) **4667 Evans Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Laurel Hill** DATE **12/7/37**

19. FUNERAL DIRECTOR **Cullen & Kelly** (ADDRESS) **1416 N. Taylor Ave.**

20. FILED **DEC 6 1937** **J. Budeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-5-1937**

22. I HEREBY CERTIFY, That I attended deceased from **11-2-37**, to **12-5-1937**

I last saw him alive on **12-5-1937** Death is said to have occurred on the date stated above, at **10:45 a.m.**

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

Meningitis - Epidemic Date of onset **12-2-37**
Encephalitis - secondary **12-2-37**
Non-purulent meningitis of maxilla, frontal & ethmoid bones **10-10-37**

Other contributory causes of importance:
Tooth extraction
At upper 2nd molar **10-10-37**

Name of operation **Excision & drainage** Date of **11-29-37**
What test confirmed diagnosis? **X-ray** Was there an autopsy? **yes**

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. P. Mangin**, M. D.
(Address) **FARNES HOSPITAL**

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.

2113

V. 31 NO. 27
2014-20-37
X 12004

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clement McNeary
Licensed Embalmer No. 3732

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)