

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D OCT 12 1938

30800

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Deaconess Hospital St. _____
 (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.

Registration District No. 1003
 Primary Registration District No. _____
 Registered No. 8237

2. PRINT FULL NAME Max R. Wippler

(a) Residence, No. 3911 Fairview Ave. St. 15
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Wippler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 2nd, 1876.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
 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

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Carrie Wippler
 (ADDRESS) 3911 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset B. Park DATE Sept. 21, 1938

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
 (ADDRESS) 2331 S. Broadway

20. SEP 19 1938 19..... J. F. Brudich Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938 to Sept 18, 1938

I last saw deceased alive on Sept 17, 1938. Death is said to have occurred on the date stated above, at 7.17 A.M.

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

Chronic Interstitial Nephritis Date of onset Sept 1936

Other contributory causes of importance:
Pyelo Nephritis
Prostatic Prostatectomy

Name of operation Prostatectomy Date of Sept 8, 38
 What test confirmed diagnosis Prostatectomy 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? _____
 If so, specify _____
 (Signed) Paul W. Hengeman, M. D.
 (Address) 3507 Woodlawn St

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Robert Wheeler

or by

Registered Apprentice No., working under my personal supervision.

Signed

Robert Wheeler

Licensed Embalmer No. *2178*

P. O. Address *St. Louis*

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.)

If this body is not embalmed, above space should be left blank.