DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8030

FILED MAR 12 1940

Registration District No. 780 — Primary Registration District No. 6025 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County Ste Genevieve

(b) City or town Rural Ste. Genevieve Mo

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ste. Genevieve

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 140 FRANK WIPFLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Veith

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan (Month) 23 (Day) 1869 (Year)

8. AGE: Years 81 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Ste Genevieve Co. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Farmer 6

11. Industry or business

FATHER
12. Name Andrew Wipfler 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Frances Klein (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Blondine Wipfler

(b) Address Ste. Genevieve Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 14 (Day) 40 (Year)

(c) Place: burial ~~or cremation~~ Ste. Genevieve Mo

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste. Genevieve Mo 7[illegible]

19. (a) Feb 12/40 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1940 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1940 to Feb 12, 1940 that I last saw him alive on Feb 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation - Pulmonary oedema

Due to Myocarditis Chronic Mitral regurgitation

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 92 [illegible]

Major findings: Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature [illegible] (M. D. or other) [illegible]

Address Ste Genevieve Mo Date signed 2-12-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

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, or by Leo C Basler, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo C. Basler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve, Mo.

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.