

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 9065Registration District No. 791Primary Registration District No. 1003Registrar's No. 2548

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7117 VIRGINIA AV. V
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME GEORGE J. DIPPEL8. (b) If veteran, name war NO 8. (c) Social Security No. 489-10-11164. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife EMILY DIPPEL 8. (c) Age of husband or wife if alive 62 years7. Birth date of deceased OCT. 25 1876
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 4 20 hr. min.9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation BEER BOTTLER11. Industry or business BREWERY12. Name GEORGE DIPPEL I13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name ANNIE MOLT15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)16. (a) Informant Emily Dippel(b) Address 7117 VIRGINIA AV.17. (a) BURIAL (b) Date thereof MAR 19-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SUNSET BURIAL PRK18. (a) Signature of funeral director J. S. Fenwick(b) Address 7128 VIRGINIA AV.19. (a) MAR 18 1940 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
 (c) City or town ST. LOUIS I
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7117 VIRGINIA AV.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16
year 1940 hour 1 minute 30 P.M.21. I hereby certify that I attended the deceased from May
1939, to March 16 1940that I last saw him alive on Mar - 15 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Tuberculosis J
Duration 10 mos

Due to _____

Due to _____

Other conditions J
(Include pregnancy within 3 months of death)Major findings: J
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. F. McManis (M. D. or other) IAddress 1821-6-9 Date signed 3/18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Murray
1831 S. 9.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Joe P. Fendler Jr.*
Licensed Embalmer No. 925
P. O. Address ST LOUIS, 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.