

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

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:  
St. Johns Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 16  
(If outside city or town limits write "RURAL")  
(d) Street No. 3860 Utah Pl.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1940 hour 4 minute 15 a. M.

21. I hereby certify that I attended the deceased from Oct 12  
\_\_\_\_\_, 1940, to June 16, 1940  
that I last saw him alive on June 16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Myocardial Infarction

Duration

2 3/4

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic nephritis  
(Include prognosis within 3 months of death)  
Non Calculous

PHYSICIAN

Major findings:  
(e) Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_ 1330

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 J. F. Bredeck (M. D. or other)  
Address 650 Century Date signed 6/17/40

3. (a) PRINT FULL NAME Emma Lippert 163

3. (b) If veteran, name war. ---- 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emil 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 19, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 7 27 hr. \_\_\_\_\_ min.

9. Birthplace Pittsburg Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Frederick Schneider 6

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hartmann

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Lippert

(b) Address 3860 Utah Pl.

17. (a) Burial (b) Date thereof 6/18/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wacker - Welden

(b) Address 2331 S. Broadway

19. (a) JUN 17 1940 (b) J. F. Bredeck  
(Date of local registration) (Registrar's signature)

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

MOTHER FATHER

FILED 719 17 1940

**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

*Frank J. McLaughlin*

Licensed Embalmer No.

*2675*

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.**