

FILED SEP 5 1949

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

Do not use this space.

29744

1. PLACE OF DEATH

County St. Louis 2 Registration District No. 784 201
Township St. Ferdinand Primary Registration District No. 1003 200
City St. Louis (No. 0) (Ward)File No. 1464
Registered No. 1003 200

2. FULL NAME

Whipperman, Leslie (Wipperman)
(a) Residence, No. St. Louis Tr. School St. Ward.
(Usual place of abode)Length of residence in city or town where death occurred 9 yrs. 9 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 19247. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 8 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Institutional
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. case
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) St. Louis13. NAME Whipperman, Geo. J.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Lampe, Marie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis17. INFORMANT Records, St. Louis Tr. School
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE body cemetery DATE 7-25 194919. UNDERTAKER W. J. White
(ADDRESS) City Hospital20. FILE JUL 24 1949 J. F. [unclear] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th 194022. I HEREBY CERTIFY That I attended deceased from July 8th 1940 to July 12th 1940
Admitted 10/12/33
I last saw h. a. , alive on July 12th 1940. Death is said to have occurred on the date stated above, at 12:45 pm.
The principal cause of death and related causes of importance were as follows:Broncho-Pneumonia Date of onset July 12thOther contributory causes of importance:
Hydrocephalus 15yr. 8mo.
Chronic Meningitis 14yr. 11mo.
Fracture left femur (healed) 1yr. 5mo.Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes23. 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) Louis F. Mauge I, M. D.
St. Louis Tr. School
40-5300

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.

The above named body was embair
by myself.

Raymond E. Schick
No. 21. 3985
City Centre #81