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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39774

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1966

FILED DEC 7 - 1940

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cypress Road.
(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) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. Cypress Road.
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME William Fred Sippel
3. (b) If veteran, name war Spanish - American
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Elsa May
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Oct 1st (Month) 1875 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	15	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Special agent 0
11. Industry or business Railroad 1
FATHER
12. Name ---------- Sippel 1
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna ----------
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Elsa May Sippel
(b) Address Cypress Road, Overland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery, Jefferson Barracks
18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd
19. (a) OCT 17 1940 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16th year 1940 hour 12 minute 40 P M.
21. I hereby certify that I attended the deceased from Oct. 7th, 1940, to Oct. 16th, 1940; that I last saw him alive on Oct. 16th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	9 days
Due to	
Due to 108	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy

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 H. T. Coleman M.D. (M. D. or other)
Address Pattonville Mo. Date signed Oct. 17 40.

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan.

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.