

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21402

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUN 6 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18941

Registration District No. 754

Primary Registration District No. 107

Registrar's No. 1156

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution:  
County Hospital ( )  
(If not to 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 Rose Wipfler  
3. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex f / 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Otto 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased October - 2 1865  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Baden Switzerland  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER  
12. Name Not known  
13. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Not known Not known  
15. Birthplace Not known Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Wipfler  
(b) Address 5306 Staley

17. (a) burial (b) Date thereof June 2, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director John L. Ziegenhein & Sons  
(b) Address 7027 Gravois

19. (a) JUN - 2 1941 (b) P. K. Meyer, M.D. Dept  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Lakewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5306 Staley  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 years years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 31  
year 1941 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an auto while a pedestrian on a public highway. Duration \_\_\_\_\_

Due to Acute heart failure; fracture of l. femur; diabetes; senility

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Yes  
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) Accident.  
(b) Date of occurrence May 2, 1941  
(c) Where did injury occur? Affton, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

23. Signature Louis H. Boyer (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. 5/31/41 Date signed \_\_\_\_\_

AUG

7 1941

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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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Travis

**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.**