

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18997
Registrar's No. 1074

Registration District No. 784 Primary Registration District No. 202

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution: 3717 Viking Ave.
(d) Length of stay: In hospital or institution. Life
In this community. Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(d) Street No. 3717 Viking Ave.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Donald E. Lipsius
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1941 hour 8 minute 15 a.m.
21. I hereby certify that I attended the deceased from
that I last saw h alive on
and that death occurred on the date and hour stated above.
Immediate cause of death Natural Causes

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced. Single
6. (c) Age of husband or wife if alive
7. Birth date of deceased August 16, 1934

Due to Acute Dilatation of Heart
Due to
Other conditions
Major findings:
Of operations
Of autopsy Yes

8. AGE: Years 6 Months 9 Days 4

9. Birthplace St. Louis Missouri
10. Usual occupation Child

11. Industry or business
12. Name George Lipsius
13. Birthplace St. Louis Missouri

14. Maiden name Irene Toel
15. Birthplace St. Louis Missouri

16. (a) Informant George Lipsius
(b) Address 3717 Viking Ave.
17. (a) Burial (b) Date thereof 5/22/41
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Weldert
(b) Address 2331 S. Broadway

19. (a) MAY 21 1941 (b) R. Meyer (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place in public place?
While at work? Louis H. Dapp
23. Signature Louis H. Dapp (M.D. Coroner)
Address Kirkwood, Mo. 5-20-41 Date signed

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

0060

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. Dyland

Licensed Embalmer No.....

2645

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, fact should be so stated above.