

No. 2
13-40
7-39
X23159

FILED AUG 11 1944
Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 280

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 016
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 418 So. Hanover St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles F. Lipps
 (b) If veteran, name war 490-10
 (c) Social Security No. 8087

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 28
 year 1941 hour 6 minute 10 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Maggie Lipps
 (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased March 18 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/20 to 7-28 that I last saw him alive on 7/27 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 4 Days 10
 If less than one day hr. _____ min. _____

Immediate cause of death Cerebral Apoplexy
 Duration _____

9. Birthplace Kelso Mo.
(City, town, or county) (State or foreign country)

Due to Nephritis CHR
 Due to _____

10. Usual occupation carpenter
 11. Industry or business Building Trades

Other conditions 1216
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Frederick Lipps
 13. Birthplace Don't know
(City, town, or county) (State or foreign country)
 14. Maiden name Don't know
 15. Birthplace Don't know
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. Maggie Lipps
 (b) Address Cape Girardeau, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof July 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

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? _____

18. (a) Signature of funeral director [Signature]
 (b) Address [Address]
 19. (a) 7-30-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 7/28/41

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

