

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 121

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 714 Monroe Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 714 Monroe St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hensy Kipp
3. (b) If veteran, name war No
3. (c) Social Security No. =

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1 1868
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Frederick Kipp
13. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Siskman
15. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Katherine Kipp
(b) Address 714 Monroe, St. Charles, Mo

17. (a) Burial (b) Date thereof June 19-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Immanuel Lutheran Cem.

18. (a) Signature of funeral director H. C. Dallmeier & Sons Co.
(b) Address 800 N. Second, St. Charles, Mo
19. (a) 6-25-41 (b) Immanuel P. Massey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1941 hour 5 minute 06 P. M.

21. I hereby certify that I attended the deceased from June 3 1941 to June 16 1941;
that I last saw him alive on June 16 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial degeneration

Due to Senility
Due to 93d

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

23. Signature Vincenzo Adschneider (M. D. or other) MD
Address St. Charles, Mo Date signed 6/18/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 *John E. Dallmeyer*

Licensed Embalmer No. *2951*

P. O. Address *St. Charles 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.