

FILED JUN 2 1942 791

State File No. 4444

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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

20
19
9

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4660 St. Louis Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4660 St. Louis Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Rudolph Herman Klipp

(b) If veteran, name war.....

(c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilie Klipp 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 17th. 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 2 If less than one day
hr. min.

9. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Herman Klipp

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emilie H. Klipp

(b) Address 4660 St. Louis Ave.

17. (a) Burial (b) Date thereof 5-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) 11 MAY (b) J. J. Bredisch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th. year 1942 hour 4.05 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1932 to May 18, 1942, 19.....

that I last saw him alive on May 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death acute Bronchitis Duration 48 hrs.

Due to Chronic Myocarditis

Due to Senility

Other conditions 92
(Include pregnancy within 3 months of death)

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?

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature W. Jackson Miller (or other) 3710 N. Grand Blvd. Date signed 5/19/42

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl.

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.