

Filed AUG 3 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 1602

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Baden Station
(If outside city or town limits, write "RURAL")

(d) Street No. Strodman & Spanish Pond Rd.
Rt. 4 Box 758
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Klipp

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Klipp

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Sept. 2 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation honoree Builper

11. Industry or business _____

MOTHER FATHER

12. Name Rudolph Klipp

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

14. Maiden name Augusta Mueller

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

16. (a) Informant Anna Klipp

(b) Address Spanish Lake Mo Rt 4 Box 758

17. (a) BURIAL (b) Date thereof July 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Diedrich F. Home

18. (a) Signature of funeral director St. Johns Cemetery
8319 Halle Berry Rd

19. (a) JUL 28 1942 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1942 hour 6 minute 35 p.a.m.

21. I hereby certify that I attended the deceased from 7-23-42
_____ 19 _____ to 7-25-42 19 _____

that I last saw h. im alive on 7-25-42
and that death occurred on the date and hour stated above.

Immediate cause of death:

Respiratory Failure Duration 2 days

Due to Cerebral Apoplexy 2 days

Due to Bronchopneumonia 2 days

Other conditions (Include pregnancy within 3 months of death) 7501

Major findings:
Of operations _____

Of autopsy Encephalomalacia Rt. Bronchopneumonia

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury D

23. Signature John A. Matthews (M. D. or other)
Address St. Louis County Prop. Date signed 7/27/42

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

96

96

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

84

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.....

Licensed Embalmer No.....

P. O. Address.....

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.