

Registration District No. **818**

Primary Registration District No. **1003**

State File No. ....  
Registrar's No. **2159**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution:  
**2645a Armand Place**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **None**  
**Life** (Specify whether  
years, months or days)

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. **2645a Armand Place**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MARGARET LIPPES**

3. (b) If veteran, name war..... **No** 3. (c) Social Security No. **No**

4. Sex **F** 5. Color or race..... **W** 6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **John** 6. (c) Age of husband or wife if alive..... **82** years  
7. Birth date of deceased..... **Sept. 11th 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>5</b>	<b>22</b>	..... hr. .... min.

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

10. Usual occupation..... **Housewife**

11. Industry or business..... **At Home**

12. Name..... **John Hessler**

13. Birthplace..... **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **UNK. TOWN**

15. Birthplace..... **Switzerland**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John Lippes**

(b) Address..... **2645a Armand Place**

17. (a) (b) Date thereof..... **3/6/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Old S. S. Peter & Paul**

18. (a) Signature of funeral director..... **A. W. McLaughlin**

(b) Address..... **2301 Lafayette**

19. (a) **MAR 5 1943** (Date received local registrar) **J. F. Bredenk** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**  
year **1943** hour **11** minute **15** a. m.

21. I hereby certify that I attended the deceased from **Sept. 1937** to **Mar 3, 1943**  
that I last saw him alive on **Mar 2, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial degeneration** **Over 5 yrs**  
Duration

Due to..... **93**  
Due to.....

Other conditions..... **Acute bronchitis & asthma**  
(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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature..... **Robert S. McLaughlin** (Specify type of place) (e) Means of injury  
Address..... **3201 Armand Place** Date signed **3-3-43**

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

2  
12  
39

FILED MAR 10 1943

**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..... *Paul A. Keith*.....  
Licensed Embalmer No. *3612*  
P. O. Address. *2317 Lafayette*

**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.**