

S. No. 2
4-1-4-41
5-17-39
1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7433

State File No. _____

D MAR 11 1943

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 35

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
92
3992

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: St Joseph
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Femm Osage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Henry Lippold

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June, 29, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace St Charles Co
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name August Lippold

13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

14. Maiden name Minne Kipple

15. Birthplace St Charles Co
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Lippold

(b) Address Femm Osage

17. (a) Burial (b) Date thereof Feb, 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Femm Osage

18. (a) Signature of funeral director Morris Murchey

(b) Address Wentzville Mo

19. (a) 2-24-43 (b) Clarence W. Weisler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 22 mo
year 1943 hour 7:00 minute AM M.

21. I hereby certify that I attended the deceased from 2/10
_____ 1943 to 2/22 1943
that I last saw him alive on 2/21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death a case of lymphatic leukemia
Duration 3 mo

Due to _____
Due to 74a

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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 R. L. Gardner (M. D. or other) MD
Address 206 Washington Date signed 2/24/43

617 (Licensed Embalmer's Statement on Reverse Side) St. Charles, Mo

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 *Monie Muschay*.....

Licensed Embalmer No. *2441*.....

P. O. Address *Wentzville 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.