

MAY 6 1943

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 832

1. PLACE OF DEATH:

(a) County St. Louis Mo

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

(c) Name of hospital or institution:  
8204 McKinzie Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community 35 Years In St. Louis. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 8204 McKinzie Rd.  
(If rural, give location)

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

3. (a) PRINT FULL NAME ELEANOR SIPP

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Sipp 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 21. 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
62	1	11		hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME.

MOTHER FATHER

12. Name Charles Stuchlik

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

14. Maiden name Mary PODHORSKY

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

16. (a) Informant Joseph Sipp

(b) Address 8204 McKinzie Rd.

17. (a) Burial (b) Date thereof April 7th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW S.S. PETER & PAUL

18. (a) Signature of funeral director Stodart's & Son

(b) Address 2906 Gravois Ave

19. (a) APR 8 1943 (b) E. W. Mc Kern, MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1943 hour 7 30 P.M. M.

21. I hereby certify that I attended the deceased from November 18 1942 to April 4 1943  
that I last saw her alive on April 4 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar  
Hypostatic  
Due to Carcinoma stomach 2 days  
with general metastases Oct 1942

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma PHYSICIAN  
Of operations.....

Of autopsy 46 none  
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) none

(b) Date of occurrence.....

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 Joseph Sipp (M. D. or other) MD

Address 2767 Harris Date signed 4-5-43

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

96  
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**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.....

*David Van Fossan,*

Licensed Embalmer No.....

*4242,*

P. O. Address.....

*2906 Yarriss*

**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.**