

**FILED DEC 3 1943**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10131**

1. PLACE OF DEATH: **318**

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yrs 9 Mo.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

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

(d) Street No. 5800 Arsenal St.  
~~3701 Chicago~~ **13**  
(Specify whether location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Phillip Sippel (Sipple)

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased 7 9 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 4 9 hr. min.

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

10. Usual occupation Shipping Clerk

11. Industry or business \_\_\_\_\_

12. Name Phillip Sippel

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

14. Maiden name Elizabeth Staatz

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

16. (a) Informant M. Geasland

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 11 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Church yard

18. (a) Signature of funeral director Wacker-Heldrich & Co

(b) Address 36 E. 5th St. St. Louis, Mo

19. (a) NOV 19 1943 (b) J. F. Porech  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18, year 1943 hour 6:30 minute 15 A. M.

21. I hereby certify that I attended the deceased from Febr. 2, 1943, to Nov. 18, 1943

that I last saw him alive on Nov. 17, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis **65**

Due to coronary Sclerosis **several years**

Due to Atherosclerosis **several years**

Other conditions PIF

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy old posterns Infarct recent coronary thrombosis, atherosclerosis

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 J. F. Porech (M. D. or other) 11/18/43  
Address 5800 Arsenal St. Date signed 11/18/43

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

MOTHER FATHER

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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 Frank J. Dyland.

Licensed Embalmer No. 29475

P. O. Address St Louis 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.**