

S. No. 2
1-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29407

State File No. _____

FILED OCT 6 1944 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8234

1. PLACE OF DEATH:

(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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri (a) State. 0011
(b) County. 16
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4139a Connecticut St. 16
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Irma Haveman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Eugene 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 11 1902
(Month) (Day) (Year)

8. AGE: Years 42 Months 1 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk, Engineering Dep
Federal Bldg.

11. Industry or business _____

MOTHER, FATHER { 12. Name Charles F. Wippler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Lillie A. Grund
15. Birthplace Cincinnati Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles F. Wippler
(b) Address 709 Wilmington

17. (a) Burial (b) Date thereof Oct. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Kelderle
(b) Address 3036 Gravois Ave.

19. (a) SEP 30 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 28
year 1944 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 21
1944 to Sept 28, 1944
that I last saw her alive on Sept 28
and that death occurred on the date and hour stated above.

Immediate cause of death Shock Duration 1 Hour
Post operative

Due to Fibromyomata of uterus
Due to _____

Other conditions 36
(include pregnancy within 3 months of death)

Major findings: Large multiple
uterine Fibromyomata
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:

(c) 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 Pauline H. Smith (M. D. or other) 0
Address 414 S. 50 Grand Date signed 9/29/44

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

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. Moran*

Licensed Embalmer No. *2645*

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.