S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39558

FILED DEC 27 1944 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10636

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2216a Montgomery St. (If not in hospital or institution, write street number or location)

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

In this community 44 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 2216a Montgomery St. (If rural, give location) 20

(e) Citizen of foreign country? (Yes or No)

If yes, name country U

3. (a) PRINT FULL NAME Otto W. Lippert

3. (b) If veteran, name war yes

3. (c) Social Security No.

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Julia Lippert

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March (Month) 9th. (Day) 1900 (Year)

8. AGE: Years 44 | Months 9 | Days 1 | If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Fricke Trucking Co.

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) U

MOTHER
14. Maiden name unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) U

16. (a) Informant Mrs. Julia Lippert

(b) Address 2216a Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 13 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th. year 1944 hour 8:45 PM minute M.

21. I hereby certify that I attended the deceased from — , 19 , to 12-10-44 , 19 ; that I last saw him alive on 12-10-44 , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to

Due to none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/13/44 Taylor

Of autopsy

Duration: few minutes

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter H. Spoeneman M.D. (St. Dr. or other)

Address 1506 St. Louis Date signed 12-12-44

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St Louis

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.