DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 499

FILED JAN 20 1948

Registration District No. 

Primary Registration District No. 1003

Registrar's No. 245

**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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. (Specify whether

In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

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

(d) Street No. 1509 Gregg Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE F. LIPPERT.

3. (b) If veteran, name war

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 Ida A. Lippert

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 10. 1888.
(Month) (Day) (Year)

8. AGE: Years 56 | Months 11 | Days 28 | If less than one day hr. min.

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

10. Usual occupation Nightwatchman

11. Industry or business

FATHER
12. Name George Lippert
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Schmalenberg
15. Birthplace St. Louis, Mo.,
(City, town, or county) (State or foreign country)

16. (a) Informant Ida A. Lippert
(b) Address 1509 Gregg Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/45.
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Gebken-Benz
(b) Address 2842 Meramec Street.

19. (a) JAN 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 8th.
year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8 45, 19, to Jan 8-45, 19
that I last saw him alive on Jan 8, 1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Asthma Intrinsic | Years |
| Due to not definitely known | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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) no

(b) Date of occurrence

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no history of injury
(Specify type of place)

While at work? (e) Means of injury

23. Signature Chas W Miller (M. D. or other)

Address 1/9/45 468 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**