

FILED JUN 30 1945

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 5033

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo - 1 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 690  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 538 Bates st.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Ma Sippel

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

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

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

7. Birth date of deceased January 31 1870  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name John Noonan

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

14. Maiden name Margaret Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant William H. Sippel

(b) Address 538 Bates st.

17. (a) Burial (b) Date thereof June 8, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) JUN 7 1945 J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
year 1945 hour 1:20 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/2/45  
\_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;

that I last saw h. er alive on 6/2/45 \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of the \_\_\_\_\_  
breast \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Blistered wound  
(Include pregnancy within 3 months of death)  
Cyst - non-malignant

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

Of autopsy Same

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 E. G. Schumaker \_\_\_\_\_ (M. D. or other)  
Address 1515 Lafayette Date signed 6/4/45

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

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MOTHER FATHER

**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

*Harry J. Schumacher*

Licensed Embalmer No. *2679*

P.O. Address. *7874 S. Broadway*

**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.**