

**FILED** DEC 12 1945  
318

**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **35558**  
Registrar's No. **167573**

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:  
St. Johns Hospital 6  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ? (Specify whether  
In this community Life  
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. 4854 Lee Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Edna M. Lippmann

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Fred E. Lippmann 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased June 22, 1893.  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>52</u> | <u>5</u> | <u>10</u> | .....hr. ....min.    |

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER { 12. Name George D. Werner  
13. Birthplace New York (City, town, or county) (State or foreign country)  
14. Maiden name Louise Deuneman  
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred E. Lippmann

(b) Address 4854 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home  
(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 4 1945 (Date received local registrar) J. F. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd  
year 1945 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 28, 1945, to Dec 7, 1945  
that I last saw her alive on Dec 1, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Intestinal Obstruction  
Partial chronic  
Due to Ca. of sigmoid 8 mo

Due to.....  
Malnutrition 6 mo  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy Intestinal Obstruction  
Carcinomatous Ulceration

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. Bruesch (M. D. or other) J.S.  
Address 4176 1/2 Sherwin Dr Date signed Dec 3 1945

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

41265  
12-3  
Athena Ave. St. Louis Mo.

**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 A. Melina.....

Licensed Embalmer No. 4186.....

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.**