V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39798

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10812

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: 5408 DEWEY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 73 YEARS IN ST LOUIS

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")

(d) Street No. 5408 DEWEY
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANTOINETTE SIPP

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 CYRIL SIPP

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

7. Birth date of deceased JULY 13 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business House Wife

MOTHER FATHER

12. Name JOHN DVORAK

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

14. Maiden name UNKOWN

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

16. (a) Informant CHAS. SIPP

(b) Address 5408 DEWEY

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 13-45 (Month) (Day) (Year)

(c) Place: burial or cremation OLD S.S. Peter & PAUL

18. (a) Signature of funeral director Theodutis & Son

(b) Address 2906 GRAVOIS AVE

19. (a) DEC 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 11 year 1945 hour 6.50 minute A.M.

21. I hereby certify that I attended the deceased from 12-10-44, 19..., to 12-11, 1945 that I last saw her alive on 12-10, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 yrs
Due to: Anemia	3 yrs
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)

(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 (M. D. or other)

Address 5845 California Date signed 12/14/45

(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 Leo J. Budde

Licensed Embalmer No. 3989

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.