

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **886**  
Registrar's No. **1037**

Registration District No. **FILED FEB 318 7 1946**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100867

**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:  
Finlay Institute  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

**3. (a) PRINT FULL NAME** Edward Joseph Schlipp  
**3. (b) If veteran,** name war.....  
**3. (c) Social Security** No.....

**4. Sex** male **5. Color or race** w  
**6. (a) Single, widowed, married,** divorced Never  
**6. (b) Name of husband or wife**.....  
**6. (c) Age of husband or wife if** alive..... years  
**7. Birth date of deceased.** December 17 1945  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
 2 2 hr. 41 min.

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

**10. Usual occupation**.....

**11. Industry or business**.....

**12. Name** Edward William Schlipp  
**13. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Frances Petry  
**15. Birthplace** Quanta Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mary Frances Schlipp  
**(b) Address** 3646 Hickory  
**17. (a)** Burial **(b) Date thereof** 1-30-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Anatomical Board

**18. (a) Signature of funeral director** W. Richter  
**(b) Address** 3504 Rutgers  
**19. (a)** J. H. Bredeck  
(Date of local registration) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3646 Hickory  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No) 9  
 If yes, name country.....

### MEDICAL CERTIFICATION

**20. DATE OF DEATH:** Month December day 17  
 year 1945 hour 5 minute 45 P. M.  
**21. I hereby certify that I attended the deceased from** 3:24 P.M. on  
12-19-45 to 5:40 P.M. 12-21-45  
 that I last saw him alive on 12-21-45  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Inter-cranial hemorrhage  
 Due to.....  
trauma of rapid delivery  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
 Of operations.....  
 Of autopsy.....  
Inter-cranial hemorrhage

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?  
 While at work?.....  
(Specify type of place)  
 (e) Means of injury.....  
**23. Signature** Matthew B. Beale (M. D. or other) 218  
 Address 1325 S. Grand Ave. Date signed 12-21-45

Disposal of Body:-

Transferred to St. Louis University School  
of Medicine

Matthew Black M.D.

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**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 with the above constitutes grounds for revocation of license.)**

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