

FILED APR 18 1946
Registration District No. _____

Primary Registration District No. _____

Registrar's No. 3023

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. Louis City Hospital
(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 HENRY WIPPERMAN

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

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

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 7, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation Park Dept. Employee

11. Industry or business St. Louis City

MOTHER FATHER { 12. Name Herman Wipperman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy M. Stumpf

(b) Address 3916 Blaine Ave. St. Louis, Mo.

17. (a) Burial (b) Date thereof April 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) APR 1 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5046 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 30
year 1946 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural hemorrhage
at base of middle lobe of brain
he walked between two postal
automobiles and was struck by
automobile being driven by
George Franzke driver of 4970
1st St. St. Louis 7:30 P.M.
March 30, 1946
Other conditions 170
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 21

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) Accident
(b) Date of occurrence March 30, 1946
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street
While at work? _____ (Specify type of place) (e) Means of injury Car

23. Signature J. F. Bredek (M., D. or other) _____
Address _____ Date signed 4/1/46

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

10741

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

Ronald A. Yehouke

Licensed Embalmer No.

3917

P. O. Address

St. Louis

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.