

S. No. 2
M-2-43
r. 5-17-39
I X33697

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

57087
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18837**
Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4047**

FILED MAY 16 1946

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME **AGNES Schippers**
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 **Widowed**
6. (b) Name of husband or wife **Arnold** 6. (c) Age of husband or wife if alive **24** years
7. Birth date of deceased **Oct 24 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **7** If less than one day hr. min.

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

10. Usual occupation **Housework**

11. Industry or business **at Home**

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frank Schippers**
(b) Address **5740 De Geerville Ave**

17. (a) **Burial** (b) Date thereof **5 4 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old St. Peter Paul**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **MAY 1 1946** (b) **J. B. Bredeek**
(Time of death) (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. **3718 Hickory St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **1**
year **1946** hour **5:30** minute **P** M.

21. I hereby certify that I attended the deceased from **April 25**
19 46 to **May 1 19 46**
that I last saw her alive on **May 1**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular Accident** Duration **10 days**

Due to **Hypertensive Cardio-Vascular Disease** ? yr

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?

While at work? (Specify type of injury)
23. Signature **John J. Bredeek** (M.D. or other)

Address **1515 Lafayette Avenue** Date signed **5/2/46**

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..... *Erwin D Mc Dermott*

Licensed Embalmer No..... *3024*

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.