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

24742

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25893

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5962

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. Anthony Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3871a Humphrey St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaretha Zipf

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 Sebastian

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

7. Birth date of deceased Feb. (Month) 7 (Day) 1863 (Year)

8. AGE: Years 83 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Sebastian W. Zipf
(b) Address 3871a Humphrey St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation O. SS Peter & Paul

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) JUL 6 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1946 hour 1 minute 50P. M.

21. I hereby certify that I attended the deceased from June 4, 1946, to July 4, 1946
that I last saw her alive on July 4, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fracture Rt Femur	
Due to: Fall	2 wks
Due to: chronic myocarditis	4 mo.
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: Fracture right femur with displacing frequently	
Of autopsy: none	

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) Accidental
(b) Date of occurrence June 4-46 ab-4.30 p.m.
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Fell at Home (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) WD
Address 3318 S. Grand Date signed 7-5-46

(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 Robert O'Wheeler

Licensed Embalmer No. 2128

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.