S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6189

Primary Registration District No. 1003

Registrar's No. 3232

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: 2708a Missouri
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 73
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2708a Missouri 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Henry C. Dippel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan (Month) 28 (Day) 1873 (Year)

8. AGE: Years 74 Months 1 Days 5 If less than one day hr. min. 0

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Peter Dippel

13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Anna Schroeder

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Peter & Clarence Dippel
(b) Address 5052 Alaska

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mo Crematory

18. (a) Signature of funeral director Schumacher Mfd Co
(b) Address 3013 Meramec st.

19. (a) (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1947 hour 9 minute P M.

21. I hereby certify that I attended the deceased from February 24, 1947 to March 2, 1947
that I last saw him alive on March 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Embolism	1 day
Due to Coronary Thrombosis	2 mos.
Due to Chr. Myocarditis	1 yr.
Other conditions Acute Bronchitis	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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) No
(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 J. H. Chambers (M. D. or other) M.D.
Address 3767 Bevais Date signed 3-4-47

(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 Francis Williamson

Licensed Embalmer No. 3565

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.