No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11197

Registrar's No. 3449

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: 0
Firmin DesLoge 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1805A Delmar 9
(If rural, give location) 1

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Lipinski, Bernadine

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 married

6. (b) Name of husband or wife John LePinski

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Nov. (Month) 17 (Day) 1912 (Year)

8. AGE: Years 34 | Months 4 | Days 13 | If less than one day hr. min.

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

10. Usual occupation Book Binder

11. Industry or business Pearlstone Printing Co.

FATHER
12. Name Harry M. Johnson
13. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Rose Kennedy
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant John LePinski
(b) Address 1805A Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) APR 1 1947 (Date received local registrar) (b) J. L. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 30 day
year 1947 hour nine minute forty-five P.M.

21. I hereby certify that I attended the deceased from 3/15/47 19 to 3/30 1947
that I last saw her alive on 3/29 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death peritonitis	
Due to perforation of intestine	
Due to obstruction & gangrene	
Other conditions hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations 122

Of autopsy peritonitis & obstruction & gangrene of ileum & colon

PHYSICIAN

Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature P. J. Bettonville (M. D. or other) M.D.
Address 1325 S. Broad Date signed 3/31/47

Jefferson City Printing Co.

(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 Warren A. Carver

Licensed Embalmer No. 3534

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.