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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15351

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4244

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2-3

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

(d) Street No. 1013 Lynch ST. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Gertrude F. Lippold

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Husband Karl Lippold

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Feb. (Month) 11 (Day) 1882 (Year)

8. AGE: Years 65 Months 2 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Karl Lippold
(b) Address 1013 Lynch ST.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Witt Bros. L & U. Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) APR 25 1947 (Date received local registrar) (b) J. F. Braneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-31-47, 19, to 4-23-47, 19;
that I last saw her alive on 4-23-47, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Post operative cerebral embolus or thrombus	3 days
Due to Cholecystectomy Hysterectomy & oophorectomy	8 days
Due to	
Other conditions Senility cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cholelithiasis & partial obst. due to enlarged uterus & tubes - papilloma & adenoma
Of autopsy refused

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter H. Hoefer M.D. (M. D. or other)
Address 3108 S. Grand Date signed 4-24-47

(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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Av

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.