

S. No. 2
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DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15963

State File No. _____
Registrar's No. 948

Registration District No. 31947 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Baden Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Halls Ferry Memorial 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 Missouri (b) County noo
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 4524 Davison Avenue. 9
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marie Lippmann
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1947 hour 4 minute 00 P. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fred William Lippmann
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 27/46
_____ 19, April 25- 1947
that I last saw her alive on April 24 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
94 0 27 hr. min.

Immediate cause of death
Dyslex Endocarditis
Basally Ganglion
Due to Dyslex endocarditis
Senility
Due to _____
Other conditions Oh nephritis
(Include pregnancy within 3 months of death)
Duration 4 hrs
3 mo.
3 mo.

9. Birthplace Saxony Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name William Doerschman
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Frieda Rickett
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emil Lippmann
(b) Address 4524 Davison Avenue
17. (a) Burial (b) Date thereof 4/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blyd.
19. (a) 4-28-47 (b) Beula J. Sharp
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (e) Manner of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 1875 Madison Date signed _____

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

MOTHER FATHER

JAN 2 1948

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.....

Henry H. Brammer

Licensed Embalmer No..... *4200*

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.