

No. 2
1-5-43
5-17-39
I X36671

FILED SEP 30 1947

State File No. _____

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 296

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South East Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 14 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County Union

(c) City or town Anna Ill.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Bruno Augustus Lipe

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23rd
year 1947 hour 16:00 minute _____ M.

21. I hereby certify that I attended the deceased from 9-11-47
to 9-23-47, 19____.

that I last saw him alive on 9-23-47, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chromyocarditis Duration 3 yrs.

4. Sex Male 5. Color or race W

6. (a) Single (b) Married (c) Divorced

6. (b) Name of husband or wife Laura H Lipe

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct 31-1872
(Month) (Day) (Year)

Due to Arteriosclerosis 10 yrs

Due to _____

Other conditions Prostatic Hyperplasia 5 yrs
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Balcon Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER, FATHER

11. Industry or business _____

12. Name Edward Lipe

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

14. Maiden name Jarah Powell

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

16. (a) Informant B. O. Lipe

(b) Address Chicago Ill

17. (a) Burial (b) Date thereof Sept 25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anna Ill

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? _____

18. (a) Signature of funeral director Harris Funeral

(b) Address Anna Ill

19. (a) 9-26-47 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Paul H. Anderson (M. D. or other) M.D.

Address Cape Girardeau Date signed 9-29-47

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

RECEIVED

District Health Officer No. 4
District File Number 947-1248
Date Filed 9-29-47

1947 OCT 7

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 Joseph B. Moos
Licensed Embalmer No. 4750
P. O. Address Anna, Illinois

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.