S. No. 2
—12-45
5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35888

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9745

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State IOWA (b) County 999

(c) City or town FAIRFIELD 13
(If outside city or town limits, write "RURAL")

(d) Street No. 607 S. EAST STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME IVAN MATT IPSAN

3. (b) If veteran, name war No

3. (c) Social Security No 483-10-8294

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife BARBARA IPSAN

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

7. Birth date of deceased JAN. (Month) 15, (Day) 1874 (Year)

8. AGE: Years 73 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation RETIRED

11. Industry or business SEWER CONTRACTOR

FATHER
12. Name PETER IPSAN
13. Birthplace (City, town, or county) YUGOSLAVIA (State or foreign country)

MOTHER
14. Maiden name ANNA (UNK)
15. Birthplace (City, town, or county) YUGOSLAVIA (State or foreign country)

16. (a) Informant L. K. BREESE

(b) Address 508 E. POLO DRIVE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10/19/1947 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRFIELD, IOWA.

18. (a) Signature of funeral director BERGER MEMORIAL

(b) Address 4715 McPHERSON

19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19 year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 14, 1947, to Oct 19, 1947; that I last saw him alive on Oct 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions Diverticulum of the bladder and benign prostatic hypertrophy, postoperative
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None performed

Duration

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 F R Bradley (M. D. ~~[illegible]~~)

Address Barnes Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

9746

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.....

Licensed Embalmer No. 4229

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.