V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40387

Registration District No. FILED NOV 25 1947

Primary Registration District No. 3063

Registrar's No. 2358

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: residence - 7537 York Drive (If not in hospital or institution, write street number or location)

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

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: Clayton (If outside city or town limits, write "RURAL")

(d) Street No.: 7537 York Drive (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: DOROTHEA F. LIPPHARDT

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Herman J. Lipphardt

6. (c) Age of husband or wife if alive: 84 years

7. Birth date of deceased: November (Month) 5 (Day) 1874 (Year)

8. AGE: Years 73 | Months 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: at home

11. Industry or business .....

FATHER
12. Name: John C. Finck
13. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant: Mr. C. P. DeLore

(b) Address: 6336 Forsythe Blv'd., Clayton

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof: 11-18-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory

18. (a) Signature of funeral director: C. R. Lupton & Sons

(b) Address: 7233 Delmar Blv'd., U. City, Mo.

19. (a) 11-18-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th year 1947 hour 3:20 minute a M.

21. I hereby certify that I attended the deceased from June 22, 1930 to November 16, 1947 that I last saw her alive on Nov. 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Edema	2 days
Pulmonary Edema	2 days
Due to: Advanced Myocarditis	2 yrs.
Advanced myocarditis	2 years
Due to: 1946	
Coronary occlusion	July 1946
Other conditions (Include pregnancy within 3 months of death): Coronary Occlusion July 1946	
Fractured left hip July 4-1947	
Major findings: Of operations: Fractured left hip 7 4/47	
Of autopsy	

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): accident 1/47

(b) Date of occurrence: 7-4-47

(c) Where did injury occur? Home (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: fall

23. Signature: Geo H. Mathae (M. D. or other) D

Address: 3167 So. Grand Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Geo H. Mathae M D 3167 S Grand

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

APR 1 2 1948

Dr. George Mathae
3167 S. Grand Blv'd.,
La-3642

1-2

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 Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address Maplewood Mo

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.