S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1947
Registration District No. 3477

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43870
Registrar's No. 2586

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lakewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5040 Lakewood Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Lakewood (If outside city or town limits, write "RURAL")
(d) Street No. 5040 Lakewood Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Michael Stippec
3. (b) If veteran, name war ----------
3. (c) Social Security No.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Sept. (Month) 29 (Day) 1907 (Year)

8. AGE:	Years	Months	Days	If less than one day
	40	2	15	..... hr. ..... min.

9. Birthplace Yugoslavia 6 (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business .....
FATHER
12. Name Paul Stippec
13. Birthplace Yugoslavia 6 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katarina Cor
15. Birthplace Yugoslavia 6 (City, town, or county) (State or foreign country)
16. (a) Informant Gregory Stippec
(b) Address 5040 Lakewood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.
19. (a) 12-16-47 (Date received local registrar) (b) Cecila J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1947 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from 2-10-46, 19..., to 12-14-47, 19...; that I last saw him alive on 12-14-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary occlusion	1/2 day
Due to chronic vascular vascular heart disease	several yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 92d	
Major findings: Of operations —	
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) —
(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 Lewis D. Crenlein (M. D. or other)
Address 7 Lemmy Ferry Rd Date signed

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

JAN 13 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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.