

No. 300
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5-17-39
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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2778**
Registrar's No. **386**

FILED JAN 22 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County..... **St. Louis**

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

(c) Name of hospital or institution:
3424 N. 19th. St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **11 years** (Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME **Sally Jean Lipokatity**

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

3. (c) Social Security No. **none**

4. Sex **female** / 5. Color of 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..... **February 29th, 1936**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
11	10	13	hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **School**

11. Industry or business

12. Name **Leslie Lipokatity** **4**

13. Birthplace **Austria**

14. Maiden name **Loretta Kierath**

15. Birthplace **St. Louis Mo.**

16. (a) Informant **Leslie Lipokatity**

(b) Address **3424 N. 19th. St.**

17. (a) Burial **(b) Date thereof** **1-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) JAN 13 1948 **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **avo**

(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **3424 N. 19th. St.** **4**
(If rural, give location) **10**

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **12th.**
year **1948**, hour **2** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Dec. 23, 1947, to Jan. 12, 1948;**
that I last saw her alive on **Jan. 12, 1948;**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Menigeal hemorrhage** **2 wks** **Duration**

Due to..... **Syngomyelia** **2 yrs**

Due to.....

Other conditions (Include pregnancy within 3 months of death)..... **80**

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury..... **U**

23. Signature **L. C. Creane** (M. D. or other) **M.D.**

Address..... **2504 N. 14th St** Date signed..... **1-13-48**

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 *John P. Buchholz*

Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis*

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.