S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7046
1197

FILED FEB 20 1948

Registration District No. 316 — Primary Registration District No. 1003 — Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City 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 Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1116 Pine Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise Sippel
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 widowed
6. (b) Name of husband or wife Geroge Sippel
6. (c) Age of husband or wife if alive, deceased years
7. Birth date of deceased August (Month) 7 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	27	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business At Home
MOTHER FATHER
12. Name Jacob Knie
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Christine Lorenson
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Christine Muehlau
(b) Address 3309 Chippewa Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Wm. J. Robert L& U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) FEB 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4, year 1948 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Lobar Pneumonia
Fracture of Femur
Suffered when fell and made a
Hypo-static condition
Due: Jan 29th 1948 at about
2:00 P.M.
Other conditions (Include pregnancy within 3 months of death): Fall.

Major findings: Of operations: NO
Of autopsy: NO

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
(b) Date of occurrence Jan 29 1948
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Stairs (Specify type of place)
While at work? Means of injury Fall
23. Signature Alfred H Berg (M. D. or other) 3
Address Date signed 2/5/48

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

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

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.....Rex Campbell

Licensed Embalmer No.....3881

P. O. Address.....St Louis, 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.