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

FILED JUN 10 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 174

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 46 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau

(c) City or town. Cape Girardeau 116
(If outside city or town limits, write "RURAL")

(d) Street No. 626 Broadway 1
(If rural, give location) 4

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Gustav Arnold Wippermann

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife. Olga Steck

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

7. Birth date of deceased. July 20th 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	10	11	hr. min.

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

10. Usual occupation. Tailor

11. Industry or business.....

12. Name. Henry Wippermann 6

13. Birthplace. Slovakia 6
(City, town, or county) (State or foreign country)

14. Maiden name. Don't know

15. Birthplace. Don't know 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Olga Wippermann

(b) Address. Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof. 6-02-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. L.H. Homan

(b) Address. Cape Girardeau, Missouri

19. (a) 6-3-48 (b) G.C. Summer
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
year 1948 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from May 1940
....., 19....., to May 31/48, 19.....
that I last saw him alive on May 31, 1948, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage

Due to Atherosclerosis

Due to ?

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

Major findings:
Of operations. MI

Of autopsy. MI

Duration

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. Paul M. H. ... (M. D. or other) MD
Address. Cape Girardeau Date signed. 6-2-48

RECEIVED

District Health Officer No. 4
District File Number 648-72
Date Filed 6-8-48

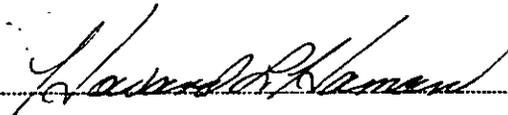
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri

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.