FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 21563

Registrar's No. 1429

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2629 Big Bend
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: nil (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. L.
(c) City or town: Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No.: 2629 Big Bend
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Anna Lipp
3. (b) If veteran, name war: no
3. (c) Social Security No.: 487-30-5306
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. 2, 1882 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	8	2	hr. min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)
10. Usual occupation: Doctors Assistant
11. Industry or business:
FATHER
12. Name: Anton Gabelsberger
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Weinsberg
(b) Address: 2629 Big Bend
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter & Paul Cem.
18. (a) Signature of funeral director: Jay B. Smith
(b) Address: 7456 Manchester
19. (a) 6-7-48 (Date received local registrar) (b) Cecilia Shapiro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1948 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10-31-41, 1941 to 6-4-48, 1948 that I last saw her alive on 6-4-48, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	30 Min
Due to: Cardo-Vascular disease (Arteriosclerosis)	7 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

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: Arthur W. Westing (M. D. or Coroner)
Address: 204 E. Big Bend Date signed: 6-5-48

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.