S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 30 1948

Registration District No. 305

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6047

State File No. 37765

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: St Charles

(b) City or town: Gilmore Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Charles

(c) City or town: Gilmore Mo Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location):

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

If yes, name country:

3. (a) PRINT FULL NAME: Chem Christian Schipper

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: Married

6. (b) Name of husband or wife: Pauline Schipper

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: Aug (Month) 14 (Day) 1870 (Year)

8. AGE: Years 78 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: Gilmore (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Chem Schipper 4
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Schwegman
15. Birthplace: Josephville Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Pauline Schipper
(b) Address: Gilmore Mo

17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: 11-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Josephville Mo

18. (a) Signature of funeral director: T Eftman
(b) Address: Wentzville Mo.

19. (a) 11/16/48 (Date received local registrar) (b) M. F. Duff (Registrar's signature) 402

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12 year 1948 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Nov. 7 1948 to Nov. 11 1948 that I last saw him alive on Nov. 11 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Degeneration — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

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? (Specify type of place)

While at work?

(e) Means of injury: 2

23. Signature: W. F. Bergeson (M. D. or other) DO.

Address: Wentzville, Mo. Date signed 11/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
NOV 29 1948
Date Filed

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 R. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville 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.