#91792

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38384

Registrar's No. 9975

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ono

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

(d) Street No. 3918a Arsenal St.
Memorial (If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ADOLPH LIPP

3. (b) If veteran, name war None

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 Eugenia

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

7. Birth date of deceased Dec. (Month) 27 (Day) 1871 (Year)

8. AGE: Years 76 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation Salesman (Retired 10 Yrs.)

11. Industry or business Famous-Barr Co.

FATHER
12. Name Gottlieb Lipp
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Haspelt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Eugenia Lipp
(b) Address 3918a Arsenal St.

17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 S. Kingshighway Bl.

19. (a) NOV 17 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1948 hour 5 minute 50 A M.

21. I hereby certify that I attended the deceased from 11/15/48, 19, to Nov. 17th, 19 48 that I last saw him alive on Nov. 17th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis - site not known — Duration Indeterm.

Due to

Due to 55

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

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? W. M. Lindau (e) Means of injury M.D.

23. Signature 1515 Lafayette 11/18/48 (M.D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Edwin S. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.