FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39011

State File No. .....

FILED DEC 4 1948

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2701

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4
years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 17
(c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 5308 QUINCY ST. 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME CARRIE T. SIPPEL-SCHAAF

3. (b) If veteran, name war NONE

3. (c) Social Security No. .....

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife PAUL A.

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

7. Birth date of deceased SEPT. (Month) 27 (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	22	..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country) 1

10. Usual occupation HOUSEWORK

11. Industry or business .....

FATHER
12. Name MAX MUELLER
13. Birthplace ..... (City, town, or county) OHIO (State or foreign country) 1

MOTHER
14. Maiden name LOUISE BOLTE
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country) 1

16. (a) Informant JOHN P. SIPPEL
(b) Address 9115 VASEL

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 S. KINGSHIGHWAY

19. (a) 11-22-48 (Date received local registrar) (b) Thurid V. Lunnyd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 19 day 19
year 1948 hour 420 minute P M.

21. I hereby certify that I attended the deceased from Oct 20, 1948 to Nov. 19, 1948
that I last saw her alive on Nov 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	
Senility	
Due to: Gen'l arteriosclerosis	
Due to: 930	
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 1

23. Signature Alt Denny (M. D. or other) MD
Address Creve Coeur, Mo Date signed 11-20-48.

Jefferson City Printing Co. (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 Richard H. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed: fact should be so stated above.