

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2166
Registrar's No. 10270

No. 300
10-48

FILED MAR 19 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>176</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>549 Bates St.</u>		d. STREET ADDRESS (If rural, give location) <u>549 Bates St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Karl</u> b. (Middle) _____ c. (Last) <u>Kipfer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 19, 1879</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Waiter</u>		11. BIRTHPLACE (State or foreign country) <u>Bern, Switzerland</u>	
13a. FATHER'S NAME <u>John Kipfer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Reemselle</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Kipfer</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Kipfer, 549 Bates St.</u>		
---	--	-------------------------------------	---	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular-renal disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>2 yrs.</u>
---	--	---	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>10/1 u</u> <u>442 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 2, 1948, to Mar. 6, 1949, that I last saw the deceased alive on Mar. 6, 1949, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Peter W. D.</u>	23b. ADDRESS <u>4145 a S. Grand Blvd.</u>	23c. DATE SIGNED <u>3/8/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 9, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>MAR 8 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sawyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Maacke-Heldrich & Co., 3634 A. Harris</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

1112

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Robert Wheeler.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2128.....

P. O. Address St Louis 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.