

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10904

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3063 Registrar's No. 277

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON</u>	c. LENGTH OF STAY (In this place township) <u>140.2 mi</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>OLIVADO</u>	<u>96</u> <u>13</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>8147 ALLEN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUDOLPH</u> b. (Middle) _____ c. (Last) <u>KIPP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>1</u> <u>1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-23-1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ALLIED Eng. DUSTRY Construction Co.</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>GEORGE KIPP</u>	13b. MOTHER'S MAIDEN NAME <u>MARY SCHOEFF</u>	14. NAME OF HUSBAND OR WIFE <u>SOPHIA RIECKENBERG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>43-0156-180</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Kipp</u>	ADDRESS <u>1519 GRAPE</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>peritonitis & liver abscess</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>anaerobic streptococci</u> DUE TO (c) <u>576+</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>12-25</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I, hereby certify that I attended the deceased from 2-1 1949, to 2-1 1949, that I last saw the deceased alive on 2-1 1949, and that death occurred at 3:02 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John F. James, M.D.</u>	(Degree or title)	23b. ADDRESS <u>6015 BRENTWOOD, CLAYTON</u>	23c. DATE SIGNED <u>2-2-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/4/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS County Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-4-49</u>	REGISTRAR'S SIGNATURE <u>Thurid V. Lempert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u>	ADDRESS <u>7247 N. Bridge</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96
2
3

3761
M.P. 7 JUN

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 Ronald Zahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis

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.