

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32447

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3261

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>University City</b>	
c. LENGTH OF STAY (in this place) <b>7</b>		d. STREET ADDRESS (If rural, give location) <b>634 Vassar Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLARA</b>	b. (Middle) <b>AGNES</b>	c. (Last) <b>PIPPART.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22, 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept. 1, 1894</b>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (If under 12 hrs.: Hours) (If under 15 min.: Min.) <b>55</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Otto Pippart.</b>	13b. MOTHER'S MAIDEN NAME <b>Hedwig Spiering.</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elizabeth Locke; 634 Vassar Ave.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adeno Carcinoma of ovary</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>175X 175X</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Confirmed above</b>	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) m.	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 **Aug 1, 1949**, to **Sept 22, 1949**, that I last saw the deceased alive on **Sept 21, 1949** and that death occurred at **2:45** p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Ed Mueller MD</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>9-22-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>9/24/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-22-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donk, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd;</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

UC-34

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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.