

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10567

State File No. 3021

No. 300  
10. 48

108980

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3021</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2739		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>				d. STREET ADDRESS (If rural, give location) <b>23 - 1843 Menard</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>			b. (Middle) _____			c. (Last) <b>HIPPMAN</b>		
4. DATE OF DEATH <b>March 29th, 1950</b>				4. DATE OF DEATH (Month) (Day) (Year)				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>About 1876</b>		
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>hwk</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Jugoslavia</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Hippman (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME <b>Julia Delpont</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Degenerative Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b>					
			DUE TO (c) _____					
			II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>422d</b>		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <b>2/28/50</b> , 19 <b>50</b> , to <b>3/29/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3/29/50</b> , 19 <b>50</b> , and that death occurred at <b>4:00 PM</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Joseph C. Peden, M.D.</b>				23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>3/29/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-1-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE <b>MAR 31 1950</b>		REGISTERAR'S SIGNATURE <b>J. B. Pasater</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Magdell Funeral Home</b>		ADDRESS <b>1926 Ellen</b>		

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

(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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John A. Stannan*

Licensed Embalmer No. 4533

P. O. Address 1926 Allen

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.