

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28471
7397
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIQN HOSPITAL</u>		20. STREET ADDRESS (If rural, give location) <u>1849 S. 9th St.</u>	

3. NAME OF DECEASED (Type or Print) <u>ARTHUR D. LIPPERT</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 18 1951</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>SEPT 10 1891</u>	9. AGE (To years last birthday) (Months) (Days) (Hours) (Min.) <u>60</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHIPPING CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KREY PKG. CO</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <u>JACOB LIPPERT</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE SANDERS</u>	14. NAME OF HUSBAND OR WIFE <u>ANNA LIPPERT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>ANNA LIPPERT</u> ADDRESS <u>1849 S. 9th</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>See back</i> *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>About 1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atrophic Cirrhosis of Liver</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Excess alcohol</u> 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., to 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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5811</u>
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22. I hereby certify that I attended the deceased from Aug. 13, 1951, to Aug. 18, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 11:40 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas H. Newkirk M.D.</u>	23b. ADDRESS <u>3109 So. Grand Blvd</u>	23c. DATE SIGNED <u>Aug. 18/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 21 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL'S CHURCHYARD</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 20 1951</u>	REGISTRAR'S SIGNATURE <u>Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kutis</u> ADDRESS <u>2906 Gravois</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Leo J. Bullock

Licensed Embalmer No. _____

3989

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of..... }
County of..... } ss.

State File No. 2 8471
Local Registrar's No. 7397

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....
....., who, upon..... oath, states that the original record of birth
for ~~Anna Lippert~~ **Arthur D. Lippert** **Died- 8-18-1951**....., 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

- Item No. 8 should read Sept, 10-1892
Instead of.....
- Item No. 9 should read age 59
Instead of.....
- Item No..... should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Lippert **Self**
1849 S. 9th Relationship.
Present Address.

Subscribed and sworn to before me this 21 day of Sept., 1945

My Commission expires 3.4.53 Edw C. Paddock Notary Public.