

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3125

Registrar's No. 3125

FILED SEP 15 1957

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH
a. COUNTY ST. LOUIS 4012
b. CITY (If outside corporate limits, write RURAL and give town) CLAYTON
c. LENGTH OF STAY (in this place) 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital
e. CITY (If outside corporate limits, write RURAL and give township) 61 TOWN BRENTWOOD 4511
f. STREET ADDRESS (If rural, give location) 8539 ROSALIE AVE 1

3. NAME OF DECEASED
a. (First) EVELYN
b. (Middle) PIPPERT
c. (Last) PIPPERT

4. DATE OF DEATH (Month) (Day) (Year) 9-11-57

5. SEX F
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN 19-1911
9. AGE (In years last birthday) 40 7 22
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW-
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ST. LOUIS 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ELMER R. HARPER
13b. MOTHER'S MAIDEN NAME DELLA EDMONDSON
14. NAME OF HUSBAND OR WIFE HORACE B

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Horace B. Pippert - 8539 Rosalie Brentwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malial Stenosis
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) R. Remale Jan
DUE TO (c) 4011

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 NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19, to Sept 11, 1957, that I last saw the deceased alive on Aug - 15, 1957, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE Choswollen M.D.
23b. ADDRESS 488 Humboldt Blvd
23c. DATE SIGNED 7/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/13/57
24c. NAME OF CEMETERY OR CREMATORY Laurent Laurel Hill
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 9-11-57
REGISTRAR'S SIGNATURE Herbert P. Donke
FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Boop, Inc - Clayton Mo.

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

No. 300
10-48

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

Felix Durand

Licensed Embalmer No.

3034

P. O. Address

Kirkwood 23 W

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.