

30276

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2211</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Clayton</u>		c. LENGTH OF STAY (in this place) (Specify) <u>54 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ladue</u>		<u>4421</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Clayton & Lindbergh</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>		b. (Middle) <u>J</u>		c. (Last) <u>WIPKE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20 1952</u>			
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>Oct 6, 1902</u>			
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u>10</u> Mins. <u>19</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wipke Restaurant</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>Fred W. Wipke</u>		13b. MOTHER'S MAIDEN NAME <u>Mathilda Preiss</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian C. Wipke</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian C. Wipke, Kirkwood RR5 (22)</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage from Enlarged Spleen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Louise's Anemia</u> DUE TO (c) <u>Chronic alcoholism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5811</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>6 mos</u> <u>1 yr.</u>	
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) (STATE)					
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?					
22. I hereby certify that I attended the deceased from <u>8-15-1952</u> to <u>8-20-1952</u> that I last saw the deceased alive on <u>8-20-1952</u> , and that death occurred at <u>10:27 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. Plummer</u>				23b. ADDRESS <u>M.D. 601 S. Brentwood Clayton 5, Mo.</u>		23c. DATE SIGNED <u>8-22-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/23/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State). <u>St. Louis County Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-22-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis H. Bopp, Inc. Kirkwood Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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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 _____

M. W. Rueter

Licensed Embalmer No. _____

4865

P. O. Address _____

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

* If this body is not embalmed, fact should be so stated above.