

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30293

FILED AUG 23 1952

State File No. _____
Registrar's No. 2165

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>545</u>		Registrar's No. <u>2165</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 township) OR TOWN <u>MAPLEWOOD</u>		c. LENGTH OF STAY (to this place) <u>30 YRS -</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>		4334	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7125 SOUTH STREET</u>				d. STREET ADDRESS (If rural, give location) <u>7125 SOUTH STREET</u>			
3. NAME OF DECEASED (Type or Print), a. (First) <u>JULIA</u> b. (Middle) <u>L.</u> c. (Last) <u>KIPPING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 15 1952</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 15 1869</u>		9. AGE (In years last birthday) <u>83</u>	10. MONTH <u>83</u>	11. YEAR <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEBIE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN J. NOSER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JULIUS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO -</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HELEN M. KIPPING 7125 SOUTH STREET</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>Arterio-sclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u> 4200						
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) m.		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>July 26, 1952</u> , to <u>Aug 15, 1952</u> , that I last saw the deceased alive on <u>Aug 15, 1952</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. A. Dill M.D.</u> (Degree or title)				23b. ADDRESS <u>7346 Manchester Maplewood, Mo.</u>		23c. DATE SIGNED <u>8/16/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>AUGUST 19, 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEIER</u>		24d. LOCATION (City, town, or county) (State) <u>NEIER, MO -</u>	
DATE REC'D BY LOCAL REG. <u>8-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>M. J. Croghan</u>		ADDRESS <u>7146 MANCHESTER AV.</u>	

53V (Licensed Embalmer's Statement on Reverse Side)

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 with the above constitutes grounds for revocation of license.)

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