

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37041

State File No.

NOV 12 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9611

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) Township) <u>9hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Rock Township</u>		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony's Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Near Maxville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Zipp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19, 1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 24, 1932</u>		9. AGE (In years last birthday) <u>19</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Frank F. Zipp</u>			13b. MOTHER'S MAIDEN NAME <u>Lena Vogel</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
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 <u>Mr. Frank Zipp Imperial, Mo.</u>		ADDRESS <u>Imperial, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage suffered when the automobile in which the deceased was a passenger and being driven by one William Cobb was crowded off the highway due to (c) by an unknown automobile driver</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> II. OTHER SIGNIFICANT CONDITIONS <u>unknown, causing the automobile to strike a mail box on Highway #61, 2.5 miles south of St. Louis County Line around 1:25 A.M., Oct. 19th, 1952</u>				INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Inevitable Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis County, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>See Above</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>10 19 52 1:25</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See Above</u>		E8234	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00A.M.</u> , from the causes and on the date stated above. <u>31</u>							
23a. SIGNATURE (Type or Print) <u>Deputy Registrar</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 22, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>		24d. LOCATION (City, town, or county) (State) <u>Arnold, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 20 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heiligtag Funeral Home Imperial, Mo.</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur Healy

Licensed Embalmer No. 3872

P. O. Address Bayview Ave

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.