

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11824

State File No. ....

FILED MAR 31 1953

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2742**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>22 908 S. 7th St. 2229</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>T.</b> c. (Last) <b>Klippel</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3/11/53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Oct. 5, 1883</b>
9. AGE (in years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>William Klippel</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Hinzepeter</b>	14. NAME OF HUSBAND OR WIFE <b>Loretta</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. R. Humphrey-908 S. 7th St.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cuphysema</b> years years years	
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? <b>331X</b>
22. I hereby certify that I attended the deceased from <b>Sept 15, 1952</b> , to <b>3/11, 1953</b> , that I last saw the deceased alive on <b>3/11, 1953</b> , and that death occurred at <b>4:00 p. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. Franklin M.D.</b> (Degree or title)		23b. ADDRESS <b>634 W. Grand Ave.</b>	23c. DATE SIGNED <b>3/12/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/14/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N. St. Marcus Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker - Helderle 3634 Gravois</b>	
DATE REC'D BY LOCAL REG. <b>MAR 12 1953</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith</b>	

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

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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.....  
Signature of Student Embalmer

Signed.....  
*Frank J. Lyland Sr.*

Licensed Embalmer No. *267*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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