

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11825

State File No. ....

FILED MAR 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2612**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>721 Goodfellow</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM</b>			a. (First)			b. (Middle)			c. (Last) <b>KLIPPER</b>			4. DATE OF DEATH <b>Mar. 8, 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 2, 1898</b>			9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>10</b>		IF UNDER 4 Hrs. Days <b>6</b> Mins.		
10a. USUAL OCCUPATION (Give kind of work during most of life, even if retired) <b>Sample Man</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Rice Stix</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Charles Klipper</b>			13b. MOTHER'S MAIDEN NAME <b>Hannah Idelman</b>			14. NAME OF HUSBAND OR WIFE <b>Hattie Klipper</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Hattie Klipper-721 Goodfellow</b>			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>								<b>24 hrs</b>	
		ANTECEDENT CAUSES									
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) _____									
		DUE TO (c) _____									
		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 <input type="checkbox"/> NO <input 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?		<b>332X</b>			

22. I hereby certify that I attended the deceased from **March, 1952** to **March, 1953**, that I last saw the deceased alive on **March 8, 1953**, and that death occurred at **5:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. A. Neubaum</b>		23b. ADDRESS <b>3701 Grandel Sq</b>		23c. DATE SIGNED <b>3-9-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/10/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Beth Hamedrosh Hagodol Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>MAR 9 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sherman Rindskopf, Inc., 5216 Delmar</b>		ADDRESS	
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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 *Peter B. Dubouille*

Licensed Embalmer No. *3691*

P. O. Address *Richmond Heights, 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.