

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20518  
Registrar's No. 4761

BIRTH NO. _____		REG. DIST. <b>918</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>4761</b>
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</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) _____	c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5128 Dresden Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>5128 Dresden Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EUGENE</b>		b. (Middle) <b>J.</b>	c. (Last) <b>GIPFEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 28 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>(1) White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 27, 1895</b>	9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Checker-Moloney Electric Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Millstadt, Ill.</b>	
13a. FATHER'S NAME <b>George Gipfel</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Stoobar</b>	14. NAME OF HUSBAND OR WIFE <b>Anna M. Gipfel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-10-3325</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna M. Gipfel 5128 Dresden Ave.</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>Carcinoma Rt Breast</b> ANTECEDENT CAUSES <b>cord (Cervix)</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>C metastasis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rt breast &amp; glands</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2/1/54</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>None - x-ray breast</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>NO</b>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>161x</b>		
22. I hereby certify that I attended the deceased from <b>2-1-54</b> to <b>5-28-54</b> , that I last saw the deceased alive on <b>5-28-54</b> , and that death occurred at <b>12:45</b> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>4228 S. Kingshighway</b>		23c. DATE SIGNED <b>5/28/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal (Mtr)</b>	24b. DATE <b>6-1-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Evergreen Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Millstsd, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 28 1954</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Kriegshauser 4228 S. Kingshighway Bl.</b>		

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

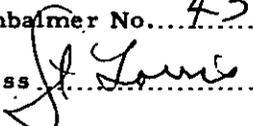
**STATEMENT BY LICENSED EMBALMER**

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.....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 45

P. O. Address 

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.