

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42628

State File No. \_\_\_\_\_  
Registrar's No. **11470**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>5 dys</b>		e. STREET ADDRESS (If rural, give location) <b>15 4609 Delor St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hosp.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Lillian</b>	b. (Middle)	c. (Last) <b>Sippel</b>	<b>Dec.</b>	<b>29</b>	<b>1955</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 29, 1877</b>	9. AGE (In years) (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Kaspar Bresch</b>		13b. MOTHER'S MAIDEN NAME <b>Liz Ackermann</b>		14. NAME OF HUSBAND OR WIFE <b>James O. Sippel</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>494-07-8632</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William H. Morley 4555 Clarence 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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>suicidal use of (restrained) with generalized peritonsillitis</b>			<b>12/24/55</b>
ANTECEDENT CAUSES Morbid 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 <b>heart</b>	20. AUTOPSY? YES <input checked="" 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) <b>541.1</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>12-27-55 12-7-55</b>
22. I hereby certify that I attended the deceased from <b>12-27-55</b> , to <b>12-7-55</b> , that I last saw the deceased alive on <b>12-27-55</b> , and that death occurred at <b>1:30A</b> m., from the causes and on the date stated above.		

23a. SIGNATURE <b>O. C. [Signature]</b>	23b. ADDRESS <b>4583 Shipley</b>	23c. DATE SIGNED <b>12/24/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>DEC. 30-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>DEC 29 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten notes at the top of the page, including the number "4" and some illegible scribbles.

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: *Louis C. Hoffmeister*

Licensed Embalmer No. 387

P. O. Address 7814 S. \_\_\_\_\_

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.