

## STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2286**

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 town or town) <b>ST. LOUIS</b>	c. LENGTH OF STAY (In this place) <b>14 YRS</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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2207 S. 39TH ST.</b>		f. STREET ADDRESS (If rural, give location) <b>2207 S. 39TH ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>LIPPERT SR.</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 4 1956</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 16 1897</b>
9. AGE (In years last birthday) <b>58</b>		if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LADIES READY WARE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>COOK CO. ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>SAMUEL LIPPERT</b>	13b. MOTHER'S MAIDEN NAME <b>JULIA (UNKNOWN)</b>	14. NAME OF HUSBAND OR WIFE <b>LILLIE LIPPERT</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. <b>WW #1</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LILLIE LIPPERT</b>	ADDRESS <b>2207 S. 39TH ST. ST. LOUIS</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr - 14</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</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>420.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept. 1, 1955**, to **March 4, 1956**, that I last saw the deceased alive on **March 4, 1956**, and that death occurred at **9:15** m., from the causes and on the date stated above.

23a. SIGNATURE <b>James P. Murphy</b>	(Degree or title) <b>Dr. M. Paul Bluff</b>	23b. ADDRESS <b>207 N. Grand Blvd.</b>	23c. DATE SIGNED <b>3-5-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 7 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HILLS BORO</b>	24d. LOCATION (City, town, or county) (State) <b>HILLS BORO MO.</b>
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DATE REC'D BY LOCAL REG. <b>MAR 5 1956</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Donald B. Vetter</b>	ADDRESS <b>Wabash Mo</b>
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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  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Donnell B. Stewart*

Licensed Embalmer No.....<sup>4</sup>

P. O. Address.....  
*Del...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.