

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17432

State File No. _____

FILED MAY 21 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>90920</u>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Route # 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISE</u>	b. (Middle)	c. (Last) <u>KIPP</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 17, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 16, 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Christian Suedmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Mathilda Volkmann</u>	14. NAME OF HUSBAND OR WIFE <u>William Kipp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. William Kipp, Rt. 3, St. Charles</u>	MO ADDRESS <u>MO ADDRESS</u>
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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) <u>Cerebral thrombosis</u>	DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u>		<u>5 days</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>10 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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)
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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?
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22. I hereby certify that I attended the deceased from 3-28-48, 1948, to 5-17-56, 1956, that I last saw the deceased alive on 5-17, 1956 and that death occurred at 3.0 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Chas. J. Lewis M.D.</u>	23b. ADDRESS <u>114 N. Main St., St. Chas., Mo.</u>	23c. DATE SIGNED <u>5-18-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Orchard Farm, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 18 1956</u>	REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bann, St. Charles, Mo.</u>	ADDRESS _____
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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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Clarence M. Bill

Licensed Embalmer No. *4378*

P. O. Address *St. Charles*

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