

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29126

State File No. 7173

FILED SEP 7 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN University City | 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 Jewish Hospital | | e. STREET ADDRESS (If rural, give location) 7245 Dorset Ave. | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) MORRIS | | | b. (Middle) | | | |
| c. (Last) SHIPPER | | | AUGUST 2nd, 1956 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Unk. | 9. AGE (In years last birthday) Abt. 75 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Newspaper | | 11. BIRTHPLACE (City and State or Foreign Country) Poland | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Isadore Shipper | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Celia Shipper |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Melvin Tyner | ADDRESS 7245 Dorset Ave. |
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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, asphyxia, 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) Cerebral thrombosis | | |
| | 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. Generalized arteriosclerosis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 332x | 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 **Jan 1952** to **Aug 2, 1956**, that I last saw the deceased alive on **Aug 2, 1956**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE Michael M. Karl (Degree or title) M.D. | 23b. ADDRESS 4652 Maryland | 23c. DATE SIGNED 8/2/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8/3/56 | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County Missouri |
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| DATE REC'D BY LOCAL REG. AUG 3 1956 | REGISTRAR'S SIGNATURE Dr. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Herman Rindskopf Inc. | ADDRESS 5216 Delmar Bl. |
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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.....
Signature of Student Embalmer

Signed *St. B. Dubouillet*

Licensed Embalmer No. *369*

P. O. Address *St. Louis, Mo.*

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.