

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be casually related. Coroner must certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-14 807 243

SI-11568

FILED JAN 15 1957

318

Primary Registration District No. 1003

44-155
STATE FILE NUMBER 11929
Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST CHARLES		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. CHARLES		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vet. Adm. Hospital		Length of stay in lbs 71 days	d. STREET ADDRESS 122 HOUSTON STREET		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUL Middle H. Last ZIPFEL			4. DATE OF DEATH Month 12 Day 21 Year 56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-4-15	9. AGE (In years last birthday) 41	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE MANAGER		10b. KIND OF BUSINESS OR INDUSTRY GROCERY		11. BIRTHPLACE (City and state or country) GREELEY, COLORADO	
13. FATHER'S NAME OTTO H. ZIPFEL			14. MOTHER'S MAIDEN NAME ALMA NEUMANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MITRAL STENOSIS					INTERVAL BETWEEN ONSET AND DEATH Undetermined
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Jaundice Of Undetermined Etiology (at present)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 10-11-56 to 12-21-56 and last saw him her alive on 12-21-56 Death occurred at 9:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (In full name) F. Westphalinger			22b. ADDRESS 915 N. Grand Blvd. VA Hosp. St. Louis, Mo.		22c. DATE SIGNED 12-21-56
23a. BURIAL OR CREMATION REMOVAL (Specify) Removal		23b. DATE Dec 28 1956		23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	
23d. LOCATION (City, town, or county) St. Charles, Mo.				(State)	
24. FUNERAL DIRECTOR Arthur C. Bay, St. Charles, Mo.			25. DATE RECD. BY LOCAL REG. DEC 27 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith MD

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..... *Arthur C. Bane*

Licensed Embalmer No. *31*

P. O. Address *St. Charles*

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.