No. 300
10-48

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34095

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9142

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 25 ST. LOUIS CITY Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: /
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 23 ~~7~~ 2141 GEYER

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) J. c. (Last) SCHIPPERS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 29 1957

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 18 1877
9. AGE (In years last birthday): 80 — 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): PRIVATE CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ARNOLD SCHIPPERS
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF ~~HUSBAND~~ OR WIFE: STELLA SCHIPPERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 500-26-8415
17. INFORMANT'S SIGNATURE OR NAME: STELLA SCHIPPERS ADDRESS: 2141 GEYER

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): anyocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 422.1
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 20, 1957, *to* Sept 28, 1957, *that I last saw the deceased alive on* Sept 28, 1957, *and that death occurred at* 4 h *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. M. Haven M.D.
23b. ADDRESS: 2026 S. Jefferson
23c. DATE SIGNED: 1-57

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: OCT. 2 1957
24c. NAME OF CEMETERY OR CREMATORY: ST. JOHN'S CEM.
24d. LOCATION (City, town, or county) (State): ROCK CREEK Mo

DATE REC'D BY LOCAL REG.: OCT 1 57
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Thomas Kutes ADDRESS: 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

Ln 9440

2-3 Mon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Homer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Shav

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