

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41608

State File No.

FILED DEC 16 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 281

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. LENGTH OF STAY (in this place) <u>4 days</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marie</u>	b. (Middle)	c. (Last) <u>Kipp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1957</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>Widowed</u>	8. DATE OF BIRTH <u>March 22, 1890</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 1 YEAR Days <u>9</u>	IF UNDER 1 MIN. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Blohm</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Ossenbrink</u>	14. NAME OF HUSBAND OR WIFE <u>Alfred H. 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>Irvin Kipp</u>	ADDRESS <u>R. R. 3 St. Charles, Mo.</u>
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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 <u>1 month</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver, Primary</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>155 /</u>
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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? _____
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22. I hereby certify that I attended the deceased from Apr 1939, to here, 1957, that I last saw the deceased alive on Dec 1, 1957, and that death occurred at 5:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Viracant B. Schneider MD</u>	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>Dec 3-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 4, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orchard Farm Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 4-57</u>	REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bane</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5400

FEB 19 1958

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. 552

working under my personal supervision:

Student David C. Paul
Signature of Student Embalmer

Signed Arthur C. Paul

Licensed Embalmer No. 3155

P. O. Address H. Clark

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.