

58-007815

STATE FILE NUMBER

1529

THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

alth,  
elfare  
blic  
rvice00  
57USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

|  |                                  |   |  |   |   |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>ST. LOUIS</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN<br><b>St. Louis</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSP. # 1</b>   |                                  | Length of stay in lb<br><b>25</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2340 2125 South 3rd.</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>WILLIAM (S.) SIPPEL</b>   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Feb. 9 1958</b>   |   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-24-1903</b>   |   | 9. AGE (In years last birthday) <b>54</b><br>IF UNDER 1 YEAR<br>Months Days<br>IF UNDER 24 HRS.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Interior Decorator</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Self</b>  |  | 11. BIRTHPLACE (City and state or country) /<br><b>New York</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                  |   | 13a. FATHER'S NAME<br><b>Unknown</b>   |   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                                  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Pauline</b>  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>—</b>   |  | 17. INFORMANT Address<br><b>Robert Sippel, 2125 South 3rd.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>myocardial infarction</b><br><b>coronary artery thrombosis</b><br><b>generalized arteriosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b><br><b>coronary artery thrombosis</b><br><b>generalized arteriosclerosis</b><br>DUE TO (c) <b>Myocardial infarction</b> |                                  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>420-1</b>  |                                  |   |  |   | 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 <b>Jan. 27, 1958</b> to <b>Feb. 9, 1958</b> and last saw her alive on <b>Feb. 9, 1958</b><br>Death occurred at <b>10:35 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |   |
| 22a. SIGNATURE<br><b>H. James Salomon</b> (Degree or title) <b>M.D.</b>  |                                  |   | 22b. ADDRESS<br><b>1515 Lafayette Ave.</b>   |   | 22c. DATE SIGNED<br><b>2/9/58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY   |   | 23d. LOCATION (City, town, or county) (State)   |
| <b>Burial</b>  |                                  | <b>2-12-1958</b>  | <b>St. Matthews Cemetery</b>   |   | <b>St. Louis, Missouri</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>McLAUGHLIN'S, 2301 Lafayette Ave.</b>   |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 10 1958</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Paul Smith, M.D.</b>   |

(Licensed Embalmer's Signature on Reverse Side)

**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 *James R. Chapman* .....

Licensed Embalmer No. *4550* .....

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.