

FILED MAR 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012778
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 219

300
1-57

4

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Creve Coeur</u> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pine Lawn</u> <u>4150</u> <u>0</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Green Valley</u> <u>Con. Home</u>		Length of stay in lb <u>2 Yrs.</u> <u>4</u> <u>Mo.</u>	d. STREET ADDRESS <u>4404 N. Mathew</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>H.</u> Last <u>Sippel</u>			4. DATE OF DEATH Month <u>3</u> Day <u>10</u> Year <u>1958</u>
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <u>2</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 22, 1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Frt. Handler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Am Ry Express</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo. 0</u>
13a. FATHER'S NAME <u>Conrad Sippel</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Sweifel</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Sippel</u>
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 Address <u>Mrs. Herbert Volz 9765 Durham Dr.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> <u>Arteriosclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis generalized</u> <u>4200</u> DUE TO (c) <u>Coronary Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>over 2 yrs.</u> <u>over 2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Heart Failure</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <u>2</u>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2</u>	20f. CITY, TOWN, OR LOCATION <u>2</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>Nov 8 1955</u> to <u>March 10 1958</u> and last saw him alive on <u>March 4, 1958</u> Death occurred at <u>7:30 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert B. Hoff</u> (Degree, title) <u>M.D.O</u>		22b. ADDRESS <u>Creve Coeur, Mo</u>	22c. DATE SIGNED <u>3/11/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/12/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>3-11-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Donk</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

Dr. Robert Hughes
Olive St. Road & Old Ballias Road
He 2-2071
Hrs. 10-12 Tues.

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 *Albert P. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.