

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015716

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4372

300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Hospital</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>3840 Nebraska</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Theodore</b> Middle <b>H.</b> Last <b>Dippel</b>			4. DATE OF DEATH Month <b>4</b> Day <b>18</b> Year <b>58</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/22/04</b>		9. AGE (In years last birthday) <b>54</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Peter Hauptmann</b>		11. BIRTHPLACE (City and state or country) <b>Horine, Mo.</b>	
10c. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jacob</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Shaw</b>	
13c. NAME OF HUSBAND OR WIFE <b>Margaret</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Name <b>Margaret Dippel</b> Address <b>3840 Nebraska</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gunshot wound of Mouth.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Suffered when deceased</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW AND BY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>Shot while in front of home on April 18, 1958.</b>			
20c. TIME OF INJURY Hour <b>4</b> Month, Day, Year <b>18 58</b> a.m. <b>18 58</b> p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Home</b>			
20e. CITY, TOWN, OR LOCATION <b>St. Louis</b>		20f. COUNTY <b>Mo</b>		20g. STATE	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <b>609 1/2</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <b>James W. Kelly Deputy Coroner</b>			22b. ADDRESS <b>3 1300 Clark</b>		22c. DATE SIGNED <b>4-22-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>4/22/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mauselum</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis co. Mo.</b>
24. FUNERAL DIRECTOR <b>Schumacher Inc. 3013 Meramec</b>		25. DATE RECD. BY LOCAL REG. <b>APR 22 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, MD</b>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

Cornell

No.

x

St. Louis

x

St. Louis

x

3840 Nebraska

28

18

#

Dipbel

Theodore H.

x

W

M

24

3/22/04

USA

Peter Hauptmann Horine, No.

Salesman

Margaret

Elien Shaw

Jacob

Margaret Dipbel 3840 Nebraska

to

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 *Jack Haupt* .....  
Licensed Embalmer No. *4746* .....  
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.

Schumacher Inc. 313 Exchange