

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019251
STATE FILE NO. 2-1888
REGISTRAR'S NO.

Registration District No. Primary Registration District No.

FILED JUN 1 1959

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital | | d. STREET ADDRESS (If outside, give location) 3768 Lee | |
| Length of stay in lb 81 years | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First ROBERT Middle G. Last HIPPLER | | | 4. DATE OF DEATH Month May Day 19 Year 1959 | | |
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| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 7, 1878 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. Louis Fire Dept. | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Frank C. Hippler | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Milton C. Hippler 9801 Cambria Dr. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulated inguinal hernia | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | 561.0 |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart Disease | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 |
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| 21. I attended the deceased from Feb. 10, 1959 to May 19, 1959 and last saw ^{him} alive on May 12, 1959 Death occurred at 12:30 a m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) Stanley Reisman, M.D. | 22b. ADDRESS 9311 Duane Drive | 22c. DATE SIGNED 5/19/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE May 22, 1959 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County |
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| 24. FUNERAL DIRECTOR ADDRESS Beiderwieden 1936 St. Louis Ave. | 25. DATE RECD. BY LOCAL REG. MAY 20 59 | 26. REGISTRAR'S SIGNATURE Conn Smith, M.D. DP |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

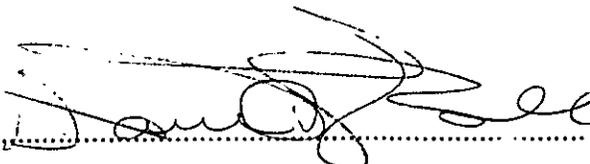
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  _____

Licensed Embalmer No. 452 _____

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.