

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021871

FILED MS JUN 6 1960

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1639 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis 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 Richmond Heights,		Length of stay in 1b DAYS		c. CITY OR TOWN St. Louis, (12) Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 1062 Thornby Place		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FREDERIC Middle B. Last WIPPERMAN				4. DATE OF DEATH Month May Day 22, Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH January 6, 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. Exec. Sec'y.			10b. KIND OF BUSINESS OR INDUSTRY Electrical		11. BIRTHPLACE (City and state or country) Logansport, Indiana		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Franklin Wipperman			13b. MOTHER'S MAIDEN NAME Clara Bazine		14. NAME OF HUSBAND OR WIFE Blanche Firth Wipperman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I			16. SOCIAL SECURITY NO. 494-34-3684		17. INFORMANT St. Louis (12) Mo. Mrs. Blanche Wipperman, 1062 Thornby Pl.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage.						INTERVAL BETWEEN ONSET AND DEATH 4 days		
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour a.m. p.m.	Month, Day, Year							
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 5/19/60 to 5/22/60 and last saw him alive on 3/22/60 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James J. Pugh M.D.</i>				22b. ADDRESS 130 Goddard		22c. DATE SIGNED 5-23-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5/24/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Logansport, Indiana		23e. (State)		
24. FUNERAL DIRECTOR C.R. LUPTON & SONS, 7233 Delmar Blvd.				25. DATE RECD. BY LOCAL REG. 5-23-60		26. REGISTRAR'S SIGNATURE <i>John C. ...</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wappahosa
County, Fla

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoe

Licensed Embalmer No. 3864

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.