

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

60-025404

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1883

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Broadlawn			Length of stay in 1b 6 Months		c. CITY OR TOWN Broadlawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1436 Widefield Lane				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1436 Widefield Lane	
3. NAME OF DECEASED (Type or print) First MAX Middle _____ Last KLIPP				4. DATE OF DEATH Month June Day 19 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 Oct. 10, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Paper Hanger			10b. KIND OF BUSINESS OR INDUSTRY Self-Employed		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Rudolph Klipp			13b. MOTHER'S MAIDEN NAME Augusta Muller			14. NAME OF HUSBAND OR WIFE Edna Klipp	
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. 496-36-9425		17. INFORMANT Address Mrs. Edna Klipp - 1436 Widefield Lane		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Artercular Fibrillation							INTERVAL BETWEEN ONSET AND DEATH 1 1/2 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Contusion + Concussion of Brain							
DUE TO (c) Benign Hypertrophic Prostate (operated 5-15-60)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Generalized						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			_____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 St. Louis County (Spanish Lake)			
21. I attended the deceased from 1947 to 6/19/60 and last saw him alive on 6/19/60 mo Death occurred at 7:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Anthony J. Vitale MD				22b. ADDRESS 7130 Natural Bridge		22c. DATE SIGNED 6/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 22, 1960	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc., 2161 E. Fair				25. DATE RECD. BY LOCAL REG. 6-20-60		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 W. W. Hays
Licensed Embalmer No. 3737
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.