

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **002**
(No. *On route to Hosp #1*)

File No. **21910**
Registered No. **5753**
St. Ward

2. FULL NAME

Louisa Pipken
(a) Residence, No. *222 Lafayette* St. *13* Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Pipken*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 27 - 1880*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

13. NAME *Olms.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland.*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Annabel Pipken*
(ADDRESS) *612 S. Oakland St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Matthew's* DATE *July 3* 19*33*

19. UNDERTAKER *J. P. Fendler*
(ADDRESS) *2629 N. J. Fendler*

20. FILED *111 - 1933* 19 *July 3 1933*
J. P. Fendler
Registrar.

MEDICAL CERTIFICATE OF DEATH

Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/30/33* 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *7:30 P.M.*

The principal cause of death and related causes of importance were as follows:

Heart Exhaustion.

Other contributory causes of importance:
191 191

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Joseph Pipken*

(Address) *St. Louis*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

2755
26
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7/1/33

