

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1

File No. 8309

Registered No. 1760

St. ....

Ward)

B. 12338

## 2. FULL NAME

John Sipple

(a) Residence, No. 321 Marion

St., 23

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Sophia Sippel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 20, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

61

2

16

day, ..... hrs.

or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as splanner,  
sawyer, bookkeeper, etc.

nil

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.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)

St. Louis, Missouri

FATHER

13. NAME

Henry Sipple

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

Germany

MOTHER

15. MAIDEN NAME

Sophia Smith

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

Kansas City, Missouri

17. INFORMANT  
(ADDRESS)Hosp. Info. M. H. Keht  
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter &amp; Paul Cem. Feb. 10, 1937

19. UNDERTAKER  
(ADDRESS)Huck Bros.  
2201 So. Grand Blvd.

20. FILED

FEB 9 - 1937

19

J. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/6/37

, 19

22. I HEREBY CERTIFY, That I attended deceased from

11/23/36

2/6/37

him

2/5/37 to

1915

I last saw him alive on ..... 19..... Death is said

to have occurred on the date stated above, at ..... m. p

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

Leg amputation  
Syphilitic aortitis  
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of

What test confirmed diagnosis?.....

Was there an autopsy?.....

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)

W. M. Johnson  
City Hospital No. 1

M. D.

(Address)

City Hospital No. 1

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.

