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.

FEB 12 1938

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

1199
Do not use this space.

791 / 1003

1. PLACE OF DEATH
(a) County ..... Registration District No. ..... Registered No. 1055
(b) Township ..... Primary Registration District No. .....
(c) City St. Louis (d) Street No. City Hospital no 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 37 yrs. mos. ds.

C. 15357

2. PRINT FULL NAME Mamie Wippermann 165
(a) Residence, No. 7903 a Church Road St. 8
(Usual place of abode, if no street address, write county or city) (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) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF GEORGE WIPPERMANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1900

7. AGE 37 YEARS MONTHS 3 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hwk
9. Industry or business in which work was done, as 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 0

FATHER
13. NAME FRED LAMPE JR. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Emma Kralemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW BETHLEHEM CEM DATE JAN. 29 1938

19. FUNERAL DIRECTOR (ADDRESS) DIEDRICH FUNERAL HOME 8319 HALLS FERRY RD

20. FILED JAN 28 1938 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/26/38 19

22. I HEREBY CERTIFY That I attended deceased from 1/17/38 19 to 1/26/38, 19
I last saw her alive on 1/26/38, 19 Death is said to have occurred on the date stated above, at 7.15 a m.
The principal cause of death and related causes of importance were as follows:

Pneumococcus peritonitis primary 129

Date of onset

Other contributory causes of importance:
Pleurisy from peritonitis
Septicemia - pneumococcus tg lat

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) P. Sanderson, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arthur R. Diedrich, Licensed Embalmer No. 3556

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Arthur R. Diedrich

8319 Hallsferry Rd, L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Arthur R. Diedrich

Licensed Embalmer No. 3556

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)