

REC'D JUN 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

20150
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 5289
(c) City St. Louis Mo. (d) Street No. St. Anthony Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Thole Dippel

(a) Residence, No. 2836 A Oregon Ave. St. 24
(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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Dippel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) Highland Ills.

FATHER 13. NAME Rudolph Nickels

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Albert Dippel 2838 Oregon Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul churchyard June 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Thos. Kutis 2906 Gravois Ave.

20. FILED IN JUN 10 1938 J. B. Brudick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to June 9 1938
I last saw her alive on June 9 1938 Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset June 1/38

Other contributory causes of importance:
Chronic Nephritis
Hypertension Dec 1/37

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy 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 Paul H. Hengelmann M. D.
(Signed) Paul H. Hengelmann M. D.
(Address) 2507 Home

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.

STATEMENT BY LICENSED EMBALMER

I, THOS KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS KUTIS

L. E. 1619

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Thos Kutis

Licensed Embalmer No. 1619

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.)