

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **506a Talcott Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since Birth** (Specify whether years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9**  
(d) Street No. **506a Talcott Avenue** (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Amelia D. Stippe**  
(b) If veteran, name war **None** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**  
(b) Name of husband or wife **John Stippe** 6. (c) Age of husband or wife if alive **Deceased**  
7. Birth date of deceased **May 18 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **9** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Henry Welge**

13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Not Known**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Josephine Peper**

(b) Address **506a Talcott Avenue**

17. (a) **Burial** (b) Date thereof **12/30/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**

(b) Address **2161 East Fair Avenue**

19. (a) **DEC 29 1940** (b) **J. H. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **27** year **1940** hour **12** minute **45AM** M.

21. I hereby certify that I attended the deceased from **Nov. 26** to **Dec. 27**, 19**40**  
that I last saw her alive on **Dec 26** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis hepatic - Senility**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions **Cold Bronchitis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **W. W. Harris** (M. D. or other) \_\_\_\_\_  
Address **3400 N. Grand** Date signed **12/29/40**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, fact should be so stated above.**