No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36670

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8900

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: 5326 Robert
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 2616 Indiana Ave
(If outside city or town limits, write "RURAL")

(d) Street No. St. Louis, Mo.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma P. Sipmann

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Paul

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 25 (Day) 1863 (Year)

8. AGE: Years 78 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name John Wochele
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name ---- Fritz
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Edw. Maier
(b) Address 5326 Robert

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave

19. (a) (Date received local registrar) (b) J F Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1941 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug 21, 1941, to Nov 8, 1941, that I last saw him alive on Nov. 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular Fibrillation — Duration: 7 days

Due to

Due to

Other conditions: Chr. Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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

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

23. Signature [signature] (M. D. ~~or other~~)
Address 610-13 Metropolitan Date signed 11/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Francis

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.