

FILED NOV 16 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9349**

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1308 1/2 Montgomery St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 40 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 1308 1/2 Montgomery St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Lipokatity.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Elizabeth Lipokatity 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. July 22 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>17</u>	hr. min.

9. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter - retired

11. Industry or business

12. Name Joseph Lipokatity

13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

14. Maiden name Emma

15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Lipokatity

(b) Address 1308 1/2 Montgomery St.

17. (a) Burial (b) Date thereof 11-12-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Hy. Leidner Und. Co

(b) Address 2223 St. Louis Ave.

19. (a) NOV 9 1942 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th.
year 1942 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept 10 1942 to Nov. 9 1942
that I last saw him alive on Nov. 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial stenosis Duration 5.

Due to Arterio Sclerosis

Due to Arterio Sclerosis
Other conditions (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?

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

23. Signature Herman L. Wittens (M. D. or other)

Address 2728 N. 11. St Date signed 11.9-42

Da Wister

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.....

John P. Burkholtz

Licensed Embalmer No. *1674*

P. O. Address..... *2223 So. Lewis Ave*

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.