

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

14621

Do not use this space.

FILED MAY 11 1943

**1. PLACE OF DEATH**

(a) County JEFFERSON Registration District No. 160  
 (b) Township JOACHIM Primary Registration District No. 4250 Registered No. 17  
 (c) City PEVELY (d) Street No. 1 St. 0  
 (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** ANNA MARIE NIPPERT

(a) Residence, No. PEVELY MO. St.  (If nonresident, give city or town and State) 0  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM NIPPERT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 2-1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
72 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE  
 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) JEFFERSON, CO. (STATE OR COUNTRY) MISSOURI

13. NAME JOHN STAHL

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

15. MAIDEN NAME ANNA RABI

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

17. INFORMANT WILLIAM NIPPERT (ADDRESS) PEVELY, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE PEVELY DATE MAR. 14-1943

19. FUNERAL DIRECTOR (NAME) FINK UNDERTAKING CO. (ADDRESS) FESTUS, MISSOURI

20. FILED March 13, 1943 H.P.C. Maier Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-1943 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1943, to Mar 10, 1943  
 I last saw h. el alive on Mar 10, 1943 Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3/7  
108  
 Other contributory causes of importance: Bilateral Lobar Pneumonia 3/9

Name of operation None Date of.....  
 What test confirmed diagnosis? None Was there an autopsy? No

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) Herbert J. Perry, M. D.  
 (Address) Hermitage, Mo.

WHITE PLAINLY, WITH UNFADING INK, THIS IS A PERMANENT RECORD

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 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 \_\_\_\_\_

Licensed Embalmer No. 3403

P. O. Address Bone Lane, W

**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, above space should be left blank.**