

FILED MAY 15 1943

Registration District No. 277

Primary Registration District No. 6076

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: M. L.

(a) County M. L.

(b) City or town Rural - Gravois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Millers Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: M. L. 96

(a) State Missouri (b) County M. L. 0

(c) City or town Gravois Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5306 Staley Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Otto Wipfler

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 th day 5 th, year 43 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 18 th 1943 to May 5 th 1945; that I last saw him alive on April 29 th 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Wipfler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

Immediate cause of death general arteriosclerosis, senility, Bronchial asthma, secondary eye pressure

Due to secondary eye pressure

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

About 75 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Not known

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known
(City, town, or county) (State or foreign country)

Major findings: Of operations 97

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. Jos Siebert

(b) Address Gravois and Seibert

17. (a) Burial (b) Date thereof 5/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director J. L. Ziegenhein & Son

(b) Address 7027 Gravois Ave.

19. 6761 - 8 14W (b) [Signature]
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed [Date]

MAY 8 - 1943

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 E. P. Kiderwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.**