

FILED JUN 23 1944 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5307

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 11/7
(If outside city or town limits, write "RURAL") 9
 (d) Street No. 1904a No. Sarah
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Charles Lippert

3. (b) If veteran, name war War #1
 3. (c) Social Security No. 498-09-5804

4. Sex male 0 5. Color or race white
 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased July 4th 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 6
 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business Pevely Dairy Co.

12. Name William Lippert 0

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

14. Maiden name Carrie Schier

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Theresa Lippert-Wife

(b) Address 1904a No. Sarah Ave.

17. (a) burial (b) Date thereof 6/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Sullivan Brothers,

(b) Address 2849 North Euclid Avenue

19. (a) JUN 17 1944 (b) J. F. Brewer
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 10th
 1944 year. 1944 hour 11 minute 17 M.

21. I hereby certify that I attended the deceased from June 7
 1944, to June 9, 1944

that I last saw her alive on June 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death perforated gastric ulcer

Due to 117

Due to 117

Other conditions 117
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no

Of autopsy no

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 J. F. Brewer (M. D. or other)

Address 7809 N. Grand Date signed 6/10/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Vizgard

2807 No. Grand Avenue

3-4:30 P.M. today

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

Eugene J. Sullivan

Licensed Embalmer No. *2930*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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