DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22578

State File No.

FILED JUN 24 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1325

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Mount St. Rose Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mo. 7 Days (Specify whether

In this community 43-6-2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2700 Chippewa 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME George P. Sippel

3. (b) If veteran, name war no

3. (c) Social Security No. 494-01-5544

4. Sex male 0

5. Color or race White

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

6. (b) Name of husband or wife Louise

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan. (Month) 14th. (Day) 1901 (Year)

8. AGE: Years 43 Months 5 Days 2 If less than one day ___ hr. ___ min.

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

10. Usual occupation Plumber

11. Industry or business

FATHER
12. Name George P. Sippel Sr.
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Bertha Flentge
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Louise Sippel

(b) Address 2700 Chippewa

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-19-1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Church Yard

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) JUN 20 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

JUN 20 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1944 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from April 10, 1944, to June 16, 1944; that I last saw him alive on June 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 1/2 yrs
Due to	
Due to	
Other conditions: Tbc Peritonitis (Include pregnancy within 3 months of death)	3 wks

Major findings:
Of operations
Of autopsy Same

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 John C. Murphy (M. D. or other) M.D.

Address 9101 S. Broadway Date signed 6-16-44

(Licensed Embalmer's Statement on Reverse Side)

-2 1965

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.....Francis A. Williamso

Licensed Embalmer No.....3565

P. O. Address.....St. Louis M

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

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