

FILED OCT 24 1944
Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: South Affton, Mo.
(If not in hospital or institution, write street number or location)

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

In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town South Affton
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME William C. Hipp, Sr.

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White

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

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

7. Birth date of deceased February 10 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	89	8	1	hr. <u> </u> min. <u> </u>

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. O. Herget

(b) Address 3540 Grace Ave.

17. (a) Burial (b) Date thereof Oct. 14, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Church
xxxx Wacker-Helders Yard

18. (a) Signature of funeral director Wacker-Helders

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) OCT 14 1944 (b) E. J. McLaughlin MD
(Date received local registrar) (Registrar's signature) also

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day eleventh
year 1944 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from July 1938 to Oct 11 1944
that I last saw him alive on Sept 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Chronic Myocarditis 8 yrs.

Chronic Interstitial Nephritis 8 yrs.

Due to Senility

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: PHYSICIAN

Of operations

Of autopsy

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?

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

23. Signature R. B. Karn (M. D. or other) M. D.
Address 2000 S. Broadway Date signed 10.12.44

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

96
0
J

707

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.....

Frank J. [Signature]

Licensed Embalmer No.....

2645

P. O. Address.....

St. Louis

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.