No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2384

FILED FEB 13 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1029

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT 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 8 WEEKS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St Louis

(c) City or town JENNINGS, MISSOURI
(If outside city or town limits, write "RURAL")

(d) Street No. 7036 GARESCHE AVENUE
(If rural, give location)

N.R.

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

If yes, name country

3. (a) PRINT FULL NAME NORMA S. CONKLIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. ROSCOE CONKLIN

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEBRUARY 1st, 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	30	hr. min.

9. Birthplace SAINT LOUIS, MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

FATHER
12. Name HENRY VANDER LIPPE
13. Birthplace ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MOLLIE WESSLER
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant ROSCOE CONKLIN
(b) Address 7036 GARESCHE AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation LAKE CHARLES CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) Feb 2 1948 (Date received local registrar) (b) J. F. Brecheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 31st year 1948 hour 6 minute 30P M.

21. I hereby certify that I attended the deceased from Dec. 20, 1947, to Jan. 31, 1948 that I last saw her alive on Jan. 30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary infarct (embolism)	1 week
Due to Phlebothrombosis ?	3 weeks
Due to Bed rest secondary to below listed ag.	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cholecystitis + appendicitis

Of autopsy

PHYSICIAN — Underline the cause of 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 Grace E. Bergner (M. D. or other)

Address 114 N. Taylor Ave. Date signed 2-1-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

114 N. TAYLOR AVENUE
JE. 8600
RES. 3733 LINDELL BLVD.
JE. 7023
IF NO ANSWER CALL
GR. 6080

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 John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.