

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

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 14 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21890
Registrar's No. 1601

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Andrew W. Zipf
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex male 0 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 64 years
6. (b) Name of husband or wife Lucia
7. Birth date of deceased Oct 31 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 25
If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business

MOTHER FATHER
12. Name Andrew Zipf
13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Anna Kormann
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Zipf
(b) Address 4937 Pernod

17. (a) Burial (b) Date thereof 6/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa

19. (a) 6-28-48 (b) Paul J. Hoffmeister
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 0110
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3834 Juniata 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 19
1948, to June 26, 1948;
that I last saw him alive on June 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. myocarditis
Hypertension
Due to Hard arteriosclerosis

Due to 93A

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

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

23. Signature Paul J. Hoffmeister (M. D. or other)
Address Creve Coeur, Mo. Date signed 6/28/48

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 Albert G. Hojpe

Licensed Embalmer No. 2971

P. O. Address.....

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.