

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25298  
6600

FILED AUG 7 1951

State File No. 25298  
Registrar's No. 6600

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 28 yrs		2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4836 Terrace		d. STREET ADDRESS (If rural, give location) 4836 Terrace	

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle) C	c. (Last) Sippell	4. DATE OF DEATH (Month) (Day) (Year) July 22, 1951
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5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married (7)	8. DATE OF BIRTH Apr. 27, 1894	9. AGE (In years less birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis Sippell, Sr.	13b. MOTHER'S MAIDEN NAME Caroline Hoffman	14. NAME OF HUSBAND OR WIFE Helen Sippell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Sippell 4836 Terrace
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days 3 years 1 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, essential DUE TO (c) Chronic Nephritis, secondary		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from Dec 20, 1950, to July 22, 1951, that I last saw the deceased alive on July 12, 1951, and that death occurred at 11:22 P.M., from the causes and on the date stated above.

23a. SIGNATURE Melvin R. Wilucki MD (Degree or title)	23b. ADDRESS 8301 E. Gravois	23c. DATE SIGNED 7-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/25/51	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) Affton, Mo.
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DATE REC'D BY LOCAL REG. JUL 24 1951	REGISTRAR'S SIGNATURE J. B. Raster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Ziegenhein & Sons 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Neville B. Krohwitter*

Signed.....  
Student Embalmer

Licensed Embalmer No. *36961*

P. O. Address *7027 Travis*

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.