

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25477

State File No.

FILED AUG 2 - 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1009** Registrar's No. **6840**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 4130 Delor St.		e. STREET ADDRESS (If rural, give location) 15 3988 Walsh	

3. NAME OF DECEASED (Type or Print) a. (First) Marie E. b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) July 23, 1954	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 16, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) MO
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME Edward Kirner		13b. MOTHER'S MAIDEN NAME M.A. Mueller		14. NAME OF HUSBAND OR WIFE Herman J. Zipp	
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. no		17. INFORMANT'S SIGNATURE OR NAME H.J. Zipp	
				ADDRESS 3988 Walsh St., St. Louis, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocardial Disease		1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		4201	

22. I hereby certify that I attended the deceased from **1-30, 1954**, to **7-23, 1954**, that I last saw the deceased alive on **7-12, 1954**, and that death occurred at **10⁰⁰ A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert A. Brennan M.D.		23b. ADDRESS 5417 South Grand		23c. DATE SIGNED 7-23-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-26-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.	
				24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	

DATE REC'D BY LOCAL REG. JUL 23 1954		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	
				ADDRESS 6522 S. Grand Blvd., St. Louis, Mo.	

Mr. Brennan
5417 S Grand

12^{to} 3 PM.

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neville B. Frohn*.....

Licensed Embalmer No. *36*.....

P. O. Address *6322 S. P.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.