

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32164

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8178	
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		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mississippi River, St. Louis				d. STREET ADDRESS (If rural, give location) 1532 Benton Street			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) WILLIAM		b. (Middle) A		c. (Last) SCHIPPER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (D)		8. DATE OF BIRTH Feb. 15/1945	
9. AGE (In years last birthday) 9		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Scott Field, Illinois	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME ALBERT SCHIPPER				13b. MOTHER'S MAIDEN NAME Lucille Parris	
14. NAME OF HUSBAND OR WIFE Albert W. Skipper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Lambo	
18. ADDRESS 1532 Benton St.		18. MEDICAL CERTIFICATION					
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) Asphyxiation from drowning in the Mississippi River 150 feet south of Franklin Avenue, around 5:25 P.M. Sept. 1, 1954. ACCIDENT		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____		DUE TO (b) _____				DUE TO (c) _____	
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"/>		21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See above		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-1-54 5:25P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:25P. m., from the causes and on the date stated above. 42							
23. SIGNATURE James M. Kelly Deputy Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/21/54	
24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/7/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.,	
DATE REC'D BY LOCAL REG. SEP 7 1954		REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Undertaking Co. 2223 St. Louis Av			

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John P. Buchholz* _____

Licensed Embalmer No. *1674*

P. O. Address *2523 E. Ocean Ave*

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.