

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18909

STATE FILE NUMBER

318

1003

4245

Registration District No. Primary Registration District No. Registrar's No.

| | | | | | |
|---|---|---|---|---|--|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | | Length of stay in 1b | | d. STREET ADDRESS 4139 Walbridge Ave. |
| 3. NAME OF DECEASED (Type or print) HERMAN | | | First WIPPERN | | Last WIPPERN |
| 4. DATE OF DEATH APRIL 29, 1956 | | | Month APRIL Day 29 Year 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 14, 1868 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months 4 Days 27 Hours 12 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch | 11. BIRTHPLACE (City and state or country) Germany | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Unknown Wipperrn | | | 14. MOTHER'S MAIDEN NAME Unknown | | |
| 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. unknown | 17. INFORMANT Mr. John Hamm Address 10002 Dorothy Ave. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction - Acute | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | DUE TO (b) |
| | | | | | DUE TO (c) |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Bronchopneumonia, Paralysis Opticus | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1 | | | | |
| 20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 4/27/56 , to 4/29/56 and last saw her/him alive on 4/29/56 . Death occurred at 4:25 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Carson W. Barnsten MD (Degree or title) | | | 22b. ADDRESS 1515 LAFAYETTE AVE. | | 22c. DATE SIGNED 4/30/56. |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) cremation | 23b. DATE 5-1-56 | 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| 24. FUNERAL DIRECTOR Calvin F. Feutz ADDRESS 4828 Natural Bridge | | 25. DATE RECD. BY LOCAL REG. APR 30 1956 | 26. REGISTRAR'S SIGNATURE Paul Smith MD | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

EMERALD, MISSOURI

EMERALD, MISSOURI

DATE OF DEATH

TIME

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 *John A. Mlinar*

Licensed Embalmer No. 47

P. O. Address *St. Louis*

1/20/21

1/20/21

1/20/21

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.

1/20/21