

FILED DEC 28 1956

STANDARD CERTIFICATE OF DEATH

State File No. 42561

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6042 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>St Charles</u>	
b. CITY OR TOWN <u>Wentzville MO Rural</u> c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Wentzville</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0920</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK J Schipper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec / 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Sept 8-1874</u>		9. AGE (In years last birthday) <u>82</u>		10. UNDER 1 YEAR Months <u>2</u> Days <u>23</u> 11. UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wentzville MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Clemence Schipper</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Schweigman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Tony Schipper 0 Fallon MO RR</u>	

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) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Cardiovascular Disease</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>420.1</u>	
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"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-27, 1953, to 7-3, 1956, that I last saw the deceased alive on 7-3, 1956, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Deborah McNamee MD</u>		23b. ADDRESS <u>634 N. Grand Blvd</u>		23c. DATE SIGNED <u>12-3-56</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 4, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Josephs</u>	
24d. LOCATION (City, town, or county) (State) <u>Josephville MO</u>					

DATE REC'D BY LOCAL REG. <u>Dec 27 1956</u>		REGISTRAR'S SIGNATURE <u>Walter F. Puff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Annella M. Pittman Wentzville MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Annitta M. Titman*

Licensed Embalmer No. *305*

P. O. Address *Newquill*

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.