

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040781

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9975** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____ c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Affton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) 5049 Lakewood Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PAUL Middle J Last STIPPEC	
4. DATE OF DEATH Month October Day 17 Year 1962	
5. SEX male	6. COLOR OR RACE white
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/4/1903
9. AGE (last birthday) 59 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and state or country) Yugoslavia	
12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Paul Stippec	
13b. MOTHER'S MAIDEN NAME Katherine Char	
14. NAME OF HUSBAND OR WIFE Anna	
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 Address Anna Stippec 5049 Lakewood	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial infarct INTERVAL BETWEEN ONSET AND DEATH 2 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Hypertensive Myocard 4 yr DUE TO (c) Subar in L Posterior Wall 2 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____	
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 June 1955 to Oct 17-62 and last saw her/him alive on Oct 17-1962 Death occurred at 12:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Mortimer Spore, M.A.	
22b. ADDRESS 506 Olive St, St Louis	
22c. DATE SIGNED 10/18/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10/20/1962
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois	
25. DATE RECD. BY LOCAL REG. OCT 18 1962 REGISTRAR'S SIGNATURE Paul Smith, M.D.	

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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

Donald Benz

Licensed Embalmer No. 4463

P. O. Address St. Louis, Mo.

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.