# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041167
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2754

FILED OCT 18 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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| 1 | 4000 |
| 2 | 224 |
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USE BLACK INK OR TYPEWRITER RIBBON

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

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis Co. Mo. — Length of stay in 1b: MONS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mary Ridge Con. Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3226 Ohio — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Josephine — Middle — Last Sipp
4. DATE OF DEATH: Month Sept. Day 23 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-19-1870
9. AGE (last birthday): 92 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Czecho Slovakia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Matthew Hejlek
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William Sipp
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.: None
17. INFORMANT: Frank Sipp — Address: 4623 S. Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterio Sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio Sclerosis — ?
DUE TO (c): Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile dementia & old fracture left thigh
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: St Louis — COUNTY — STATE: MO

21. I attended the deceased from April 26 1961, to Sept 23 1962 and last saw her/him alive on Sept 21 1962
Death occurred at Sept 23 1962 6:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Max Starkloff MD
22b. ADDRESS: 512 Drew Place
22c. DATE SIGNED: 9/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: Sept. 26 1962
23c. NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Mo.

24. FUNERAL DIRECTOR: Thomas Kutis — ADDRESS: 2906 Gronois
25. DATE RECD. BY LOCAL REG.: 9-24-62
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

Mr. M. Stabley 12-6

512 Dover

**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 _____ Signed Carley H Thompson

Signature of Student Embalmer

Licensed Embalmer No. 4861

P. O. Address St Louis 19, 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.