

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038044

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9066**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 19 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59			
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2 <i>22</i>			
3			
4 <i>1</i>			
5 <i>2</i>			
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12 <i>90-0</i>			
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	
ITEM NO.	SHOULD READ		

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3614^a IOWA</i>		d. STREET ADDRESS (If outside, give location) <i>3614^a IOWA</i>	
3. NAME OF DECEASED (Type or print) First <i>ROSE</i> Middle <i>VALENTINE</i> Last <i>SIPPEL</i>		4. DATE OF DEATH Month <i>SEPT</i> Day <i>7</i> Year <i>1963</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1/26/82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	11. BIRTHPLACE (City and state or country) <i>CINCINNATI, OHIO</i>
13a. FATHER'S NAME <i>GEORGE HUBER</i>		13b. MOTHER'S MAIDEN NAME <i>MARY BAREITER</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>420.0</i>	
17. INFORMANT <i>ROY G. SIPPEL</i>		Address <i>P.O. Box 55</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis.</i> DUE TO (b) <i>H.C.V.D.</i> DUE TO (c) <i>A.S.H.D.</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
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 a.m. 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 <i>1958</i> to <i>9/7/63</i> and last saw her alive on <i>9/4/63</i> Death occurred at <i>1013^a A</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>Obstetrics M.D.</i>	
22b. ADDRESS <i>40755 Grand</i>		22c. DATE SIGNED <i>9/9/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>	23b. DATE <i>9/10/63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>IMMACULATE CONCEPTION CEM.</i>	23d. LOCATION (City, town, or county) <i>ARNOLD, JEFFERSON CO., MO.</i>
24. FUNERAL DIRECTOR <i>KUTIS FUNERAL HOME</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 10 1963</i>	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>

STATEMENT

FORM

6001

815

1961

D. E. Kimple
1075 S. Grand
1-8 room
PL 2-7370

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Grand

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.