

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22611

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. St. Johns Hospital)

File No.....
Registered No. 6208 St. _____ Ward _____

2. FULL NAME

Harry J. Klepper
(a) Residence. No. 4458 Washington St. 19 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Eunice Klepper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 1 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Bakery Business
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER

Isaac Klepper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER

Mary Slack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill.

14.

INFORMANT John Day
(Address) 4912 Buckingham Court

15.

111 - 8 1927
FILED _____ 19 _____ Mar. 6. Starceff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/7 1927

17. I HEREBY CERTIFY, That I attended deceased from 4/1/25, 19____, to 7/7/27, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis
(duration) yrs. _____ mos. 4 ds.

CONTRIBUTORY Arteriosclerosis
(SECONDARY) (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT A PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) D. K. Falk, M. D.
7/7/27.19 (Address) Beaumont Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lucy Lee DATE OF BURIAL 7-8 1927

20. UNDERTAKER Arthur J. Connolly ADDRESS 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

1000 C. P. J. Fala

University club

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