

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

Do not use this space.

25513

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township ST. JOHN HOSPITAL Primary Registration District No. 1003
 City ST. JOHN HOSPITAL St. 10 Ward 7100

2. FULL NAME

Clara O. Zepp
 (a) Residence. No. 4110 Penrose St., 10 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 37 yrs. 11 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
 (USUALLY OF HUSBAND OR (OR) WIFE OF)
Hubert Zepp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>38</u>	<u>11</u>	<u>18</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Ed R Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Mary Schwener

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Hubert Zepp
 (Address) 4110 Penrose st

15. FILED 1927 Mar 6 Starkoff
 19 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/3 1927

17. I HEREBY CERTIFY That I attended deceased from april 1927, to 8/3 1927 that I last saw h. alive on 8/3 1927 and that death occurred, on the date stated above, at 725 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute respiratory
13H
130 (duration) mos. ds.
 CONTRIBUTORY auricular dysentery (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF BIRTH:

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? see tests
 (Signed) Ch. H. Green M.D.
8/3 1927 (Address) Boerum Road B

*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 NEW ST MARCUS DATE OF BURIAL Aug 6 1927
 ADDRESS 378 N. GRAND

20. UNDERTAKER PROVOST

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

