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

Do not use this space.

35210

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10386

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. #4503 McPherson Ave. ..... Ward)

2. FULL NAME George F. Reppy Sr

(a) Residence. No. #4503 McPherson Ave. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 16th 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78.	7.	2.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Pensioner of Brunswick
(b) General nature of industry, business, or establishment in which employed (or employer) Balke — Collender, Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) De Soto, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Unknown Reppy

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Hizer
(Address) #4503 McPherson Ave

15. FILED NOV 2 1927 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 18th, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1924, to Nov. 18, 1927, that I last saw him alive on Nov 18, 1927, and that death occurred, on the date stated above, at 3:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

(duration) 1 yrs. + mos. + ds.

CONTRIBUTORY (SECONDARY) Lacertic - Locomotor Ataxia Bladder - Kidneys etc involved

(duration) 10 yrs. + mos. + ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual tests

(Signed) Louis H. Blehmers, M. D

Nov 19, 1927 (Address) 301 Times 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 Valhalla Crem. DATE OF BURIAL Nov. 20th 1927

20. UNDERTAKER C. R. Lupton, ADDRESS Olive Street #4449

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD