

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

Do not use this space.

11428

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Joseph Louis Hospital**) St. Ward)

File No.....
Registered No. **3270**
St. Ward)

2. FULL NAME

Mary E. Elizabeth Boppert
(a) Residence. No. **1755 e S 18th** St., **23** Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred **72** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Fred Boppert		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt 1856		
7. AGE abt. 72	YEARS	MONTHS
	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Home wife (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN)..... **Missouri**
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Fred Tibbitts
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
	12. MAIDEN NAME OF MOTHER Unknown
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT **Fred Boppert**
(Address) **1755 e S 18th St**

15. FILED **9 23 1928** **May C. Stankley** REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar 21 1928**
17. I HEREBY CERTIFY, That I attended deceased from **March 20**, 19**28**, to **March 21**, 19**28**, that I last saw her alive on **March 21**, 19**28**, and that death occurred, on the date stated above, at **10 15 a** m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
131
92A (duration) yrs. **9** mos. ds.
CONTRIBUTORY **Chronic Parenchymatous Nephritis**
(SECONDARY) (duration) yrs. **3** mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) **Henry F. Pieber R.S.** M.D.
, 19 (Address) **4126 S. Grand Blvd.**

*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 **St Peter & Paul** DATE OF BURIAL **Mar 24 1928**

20. UNDERTAKER **Wm C. Moy dell** ADDRESS **1926 Allen**

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.

