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

Do not use this space.

File No. 11728
Registered No. 3576

1. PLACE OF DEATH

County ..... Registration District No. 797
Township ..... Primary Registration District No. 1003
City St Louis (No. 4529 Louisiana St. ..... Ward)

2. FULL NAME Henry H. Rieper

(a) Residence. No. 4529 Louisiana St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Night Fireman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Liggett Meyers Tobacco Co.

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Pa

PARENTS

10. NAME OF FATHER Henry H Rieper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Lena Rieper
(Address) 4529 Louisiana Av

15. FILED MAR 31 1928 Klug C Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1928

17. I HEREBY CERTIFY, That I attended deceased from ~~Mar~~ Jan 10, 1925, to Mar 29, 1928, that I last saw ~~him~~ alive on Mar 28, 1928, and that death occurred, on the date stated above, at 6 45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteri-Sclerosis
11 R
97
(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Le Grippe
(duration) ..... yrs. ..... mos. 12 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) W Walton Hall, M. D
Mar 30, 1928 (Address) 1625 Tower Grove Av

*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 Park Lawn — DATE OF BURIAL Mar 31 1928

20. UNDERTAKER Wacker Heldorle — ADDRESS 2331-S Broadway

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.