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

Do not use this space.

File No. 28949

Registered No. 8454

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Herman Luepke

(a) Residence. No. 6375 (Usual place of abode) 9327 Russell Ave. Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	1	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bartender

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) .....

PARENTS

10. NAME OF FATHER Herman Luepke

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Josephine Degenhardt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Rosa Luepke

(Address) City Hospital

15. AUG 20 1928 Filed, 19..... Mary C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1928

17. I HEREBY CERTIFY, That I attended deceased from July 29 1928 to Aug 19 1928 that I last saw him alive on Aug 19 1928, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

C. N. S. Lues

3 yr (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tb

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Pos. Was

(Signed) R. Burg, M. D.

Aug. 20 1928 (Address) City Hospital

*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 8-22-1928

20. UNDERTAKER F. H. Gebhen Fund. Co.

ADDRESS 2630 Gravoisier

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.

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

Liefke