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

Do not use this space.

12695

File No. 3280

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis. (No. 4745 Adkins Avenue. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Bernard Groepper

(a) Residence. No. 4745 Adkins Avenue St., 15 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	Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13, 1861.

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent.

(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) Mo.

PARENTS

10. NAME OF FATHER Conrad Groepper.

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

12. MAIDEN NAME OF MOTHER Katherine Schnitzmeier

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

14. INFORMANT Mary B. Groepper
(Address) 4745 Adkins Avenue.

15. FILED ....., 19.... Mar C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3/13

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13 1929

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to March 13, 1929, that I last saw him alive on March 10, 1929 and that death occurred, on the date stated above, at 8 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 8 3c P.M

Yes C

(duration) yrs. 9 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. 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?

March 14, 1929 (Signed) J. H. Wesnoker M. D
(Address) 2 aus N. 9 St.

*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 SS. Peter & Paul Cemetery

DATE OF BURIAL Mar. 16 1929

20. UNDERTAKER J. H. Gebker & Co

ADDRESS 2842 Meramec.

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.