

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

Do not use this space.

16545

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis, Mo.* (No. *3210 - Morganford*)

Registration District No. *792*  
Primary Registration District No. *1003*

File No.....  
Registered No. *4647*  
St..... Ward)

**2. FULL NAME**

*Richard Neupert*  
(a) Residence. No. *3210 a Morganford* St., *16* Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 13 - 1888*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>70</i>	<i>4</i>	<i>6</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Labourer*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) *Germany*

**10. NAME OF FATHER**

*Unknown*

**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) *Germany*

**14.**

INFORMANT *Otto Neupert*  
(Address) *3210 a Morganford*

**15.**

FILED *APR 22 1929*  
19.....  
*Max Stahler*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 19 - 1929*

17. I HEREBY CERTIFY, That I attended deceased from *April 19, 1929*, to *April 19, 1929*, that I last saw him alive on *April 19, 1929*, and that death occurred, on the date stated above, at *9:50 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Appendicitis*  
*1216*

*4 mos.* (duration) - yrs. mos. da.

CONTRIBUTORY (SECONDARY)

*117 B* (duration) - yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. *at place of death*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Physical Exam.*  
(Signed) *A. F. Plag*, M. D.

*4/19, 1929.* (Address) *117 B Morganford.*

\*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

DATE OF BURIAL

*Missouri Crematory* *April 23, 1929*

20. UNDERTAKER

ADDRESS

*Ziegenbain Bros. 3613 S. Cherokee St.*

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

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.

237  
10-10-10

