1929

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 1123 — File No. 19358
Township Carondelet — Primary Registration District No. 6248 C — Registered No. 183
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frances Schuepfer
(a) Residence. No. Central and Sigerson St., ... Ward. Point Bresse Mo
(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: Female
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 Coelestin Schuepfer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 29 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	3	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Anton Beck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Katherine [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baden
(STATE OR COUNTRY) Germany

14. INFORMANT Coelestin Schuepfer
(Address) Central & Sigerson St Louis County

15. FILED May 15, 1929 L. C. Obrod REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1927, to May 13th 1929 that I last saw her alive on May 13th 1929 and that death occurred, on the date stated above, at 4.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
112 Oedema of the lungs
111 G
105
(duration) Few hours yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Asthma
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? - -
DID AN OPERATION PRECEDE DEATH? No. DATE OF - -
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P Brickbauer, M. D
5/15/29 (Address) 3147 S. Jefferson 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: Mt Olive Cemetery — DATE OF BURIAL: 5/16 1929

20. UNDERTAKER: C Hoffmeister U & L Co — ADDRESS: 7814 S. Broadway