

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

Do not use this space.

19657

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **3003**

City **St. Louis** (No. **3203**) **Halliday**

File No.....

Registered No. **5264**

St. Ward)

2. FULL NAME

(a) Residence. No. **3203 Halliday** St. **16** 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

May 3 - 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or mts.

X

X

7

8. OCCUPATION OF DECEASED

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

Infant

(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.

10. NAME OF FATHER

Fred G. Kuppinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

mo.

12. MAIDEN NAME OF MOTHER

Nancy Weston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

mo.

14. INFORMANT

(Address)

**Fred G. Kuppinger
3203 Halliday St**

15.

FILED

MAY 11 1929 May C. Stalker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 10 1929

17.

I HEREBY CERTIFY, That I attended deceased from

May 3 1929 to May 10 1929

that I last saw him alive on **May 10 1929** and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Icterus neonatorum

CONTRIBUTORY (SECONDARY)

160

(duration) yrs. mos. ds.

(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

(Signed) **R. H. Fulwider**, M. D.

May 10 1929 (Address) 4247 S. Grand

*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

St Peter & Paul Cem

May 11 1929

20. UNDERTAKER

ADDRESS

Petz Bros 3029 Lafayette Ave

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.

