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.

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

Do not use this space.

38829

1. PLACE OF DEATH

County ..... Registration District No. 58

Township ..... Primary Registration District No. [illegible]

City St. Louis, Mo. (No. Lutheran Hospital St. ..... Ward)

File No. ..... Registered No. 11267

2. FULL NAME Albert William Rieper

(a) Residence. No. 4425 Tennessee Avenue St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24th, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	6	24	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Cupples Tire Company

9. BIRTHPLACE (CITY OR TOWN) Pittsburg, (STATE OR COUNTRY) Pennsylvania.

PARENTS

10. NAME OF FATHER Henry Rieper

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Josephine Rieper
(Address) 4425 Tennessee Avenue

15. FILED NOV 19 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) November 18, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 5th, 1929, to November 18, 1929 that I last saw him alive on November 18, 1929, and that death occurred, on the date stated above, at 1:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
117 H
107 B

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Ulcer of Stomach

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 4425 Tennessee

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 13, 1929.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? physical - clinical - laboratory findings

(Signed) W. K. Walters M. D.

11/18, 1929 (Address) 3608 S Grand Blvd.

*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
SS. Peter & Paul	Nov. 20, 1929.

20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S. Brdwy.

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