

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

Do not use this space.

13725
~~12696~~

MAY 27 1930

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. 8900 Hospital)

Registration District No. 757
Primary Registration District No. 3036

File No. _____
Registered No. 68 St. _____ Ward _____

2. FULL NAME

Pauline Hepperman

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

Length of residence in city or town where death occurred 27 yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Female
White
Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hepperman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4-1877
7. AGE YEARS 59 MONTHS 3 DAYS 13
IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Josephville Mo

10. NAME OF FATHER

Peter Wilmes

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

West-Pala Prussia

12. MAIDEN NAME OF MOTHER

Roldewitz

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

West-Pala Prussia

14. INFORMANT

John Hepperman
(Address) Wentzville Mo

15. FILED

4/19 1930 By H. Blochman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-18 1930

17. HEREBY CERTIFY, That I attended deceased from 4/15/30, 1930 to 4/17/30, 1930 that I last saw h. e. alive on 4/18/30, 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scirrhous Cell Carcinoma of l. breast
SD

(duration) _____ yrs. _____ mos. 15 ds.

CONTRIBUTORY (SECONDARY)

Surgical shock
(duration) _____ yrs. _____ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Wentzville Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/16/30

19. WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ben L. Gubelick M.D.
4/18, 1930 (Address) St. Charles Mo.

*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)

Wentzville Mo DATE OF BURIAL April 21 1930

20. UNDER

Robertman ADDRESS Wentzville Mo

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.

