

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

Do not use this space.

21529

31

1. PLACE OF DEATH

County.....

Registration District No. 791

File No. 6610

Township.....

Primary Registration District No. 1003

Registered No.

City..... St Louis

(No. Mississippi River Fr. Franklin Ave Ward)

2. FULL NAME

(a) Residence. No. 211 Pine St. 250 Ward.

Jesse (Terpening) Terpening
(Usual place of abode) Alton, Illinois
(If resident, 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)

Widowed

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

Mary Terpening

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

April 11, 1862

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>68</u>	<u>2</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

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

Carpenter

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

Building

(c) Name of employer

Kane

9. BIRTHPLACE (CITY OR TOWN)

Kane

(STATE OR COUNTRY)

Deer County Ill

10. NAME OF FATHER

Adney Terpening

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Mrs Pearl Gardner
3927 Page Blvd.

15. FILED

1930

May C Terpening
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1 Found dead

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

June 26, 1930

17. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to..... 19....., and that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 4:30 P m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to drowning
Whether accidental or intentional duration could not be ascertained

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J W Terpening

19 1930 (Address) Deputy Coroner

*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

Alton, Ill 7/11 1930

20. UNDERTAKER

ADDRESS

C Hoffmeister & Co 114 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

