

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

Do not use this space.

28115

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **16a S. 2nd Street**)

File No.....  
Registered No. **7954**  
St. .... Ward)

**2. FULL NAME** Catherina Duperrex

(a) Residence. No. **16a S. 2nd Street** St. **22** Ward.

(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 **Married**  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William J. Duperrex**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **January 4th, 1851**

7. AGE YEARS **79** MONTHS **7** DAYS **3** IF LESS than 1 day, .....hrs. or .....min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Housework**  
(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) **Sweden**

10. NAME OF FATHER (Unknown) **Sundberg**

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

12. MAIDEN NAME OF MOTHER **Unknown**

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

14. INFORMANT Wm J Duperrex (Address) **16a S. 2nd Street**

15. **AUG -9 1930** FILED Prof C Stankov REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 7th, 1930**

17. I HEREBY CERTIFY, That I attended deceased from Aug 6th to Aug 7th 1930 that I last saw her alive on Aug 7th 1930 and that death occurred, on the date stated above, at 8:20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS

Cerebral Hemorrhage  
8211

(duration) ..... yrs. .... mos. **10** ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... yrs. .... mos. .... 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

(Signed) W J Duperrex M. D.

Aug 8, 1930 (Address) 585 Highland

\*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 **St. Matthews**

DATE OF BURIAL **Aug. 11 30.**  
19

20. UNDERTAKER

Wacker Hilda ADDRESS **2331 S. Brdwy.**

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.

