

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

Do not use this space.

31538

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4762) Labadie St. \_\_\_\_\_ (ward)

**2. FULL NAME**

William Harpke  
 (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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1930

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

17. I HEREBY CERTIFY, That I attended deceased from mine 27, 1930, to Sept 21, 1930 that I last saw h. and alive on Sept 20, 1930, and that death occurred, on the date stated above, at 10-15 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1870

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary tuberculosis  
active

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 2 9

23 (duration) yrs. 6 mos. ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Packer  
 (b) General nature of industry, business, or establishment in which employed (or employed) 0  
 (c) Name of employer St Louis bar

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. \_\_\_\_\_

10. NAME OF FATHER Wm Harpke

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS Sputum + smears  
 (Signed) A M Frank M. D.

12. MAIDEN NAME OF MOTHER Catherine Flynn

9/21, 1930 (Address) 714 W. 24th St. Bldg

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

\*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.

14. INFORMANT Mellie Harpke  
 (Address) 4762 Labadie

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Labadie DATE OF BURIAL 9-24 1930

15. FILED 23 19 \_\_\_\_\_ REGISTRAR

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

Mr Frank

Mo Theatre, Bldg

Je 9280

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