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

Do not use this space.

40911

File No. 11558

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 2609 Natural Bridge Ave. Ward)

Registration District No. 1008

Primary Registration District No.

2. FULL NAME Wilhelmina Peper

(a) Residence. No. 3611 Natural Bridge St., Cor. 20 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

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

5A. ~~If Married, Widowed, or Divorced~~ ~~HUSBAND OF~~ (OR) WIFE OF Herman Peper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	24	

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

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

PARENTS

10. NAME OF FATHER Unknown Hoerner

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Herman Peper
(Address) 3611 Natural Bridge Ave.

15. FILED Dec 10 1930 19 Ray C. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from November 18, 1930, to December 8, 1930, that I last saw her alive on December 6, 1930, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Parenchymatous Nephritis
93c
1290
(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis. Anasarca.
(duration) ? yrs. ? mos. ? ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical plus laboratory

(Signed) Arthur H. de Mary, M. D.

12/9, 1930 (Address) 4046 N. 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 Friedens

DATE OF BURIAL Dec. 11 1930

20. UNDERTAKER Math. Hermann & Son

ADDRESS 2616 E. Fair Ave.

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.