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.

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

Do not use this space.

20092

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. St Anthony's Hosp St. ..... Ward)

File No. ..... Registered No. 6201

**2. FULL NAME** Gustav E Tapperson

(a) Residence. No. 2919 Shenandoah St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12, 1867

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 6 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter 1.4
(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 24

PARENTS
10. NAME OF FATHER Carl Tapperson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Louise Beckman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Sweden

14. INFORMANT Agnes Tapperson
(Address) 2919 Shenandoah Ave

15. FILED JUN 2 1931 Max C Fowler REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 31 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1931 to May 31, 1931 that I last saw him alive on May 31, 1931, and that death occurred, on the date stated above, at 10.40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46E Secondary Anemia
117B
71B
..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Ulcer of duodenum - Cancer of Liver (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 46
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical course
(Signed) N A Schneider, M. D.
, 19 (Address) 2711 Marvin St Tom 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 Lakewood Park
DATE OF BURIAL 6-4 1931

20. UNDERTAKER Kriegshauser & Co
ADDRESS 4228 So Kingshighway