

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

26577

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. **3640 Marine Ave.**) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. **7731**

**2. FULL NAME** **Frank Stoepkin**

(a) Residence, No. **3314 Texas Ave.** St. **24** Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred **60** 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) Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **Mon, 9, 1868**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**73** **4** **2**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Laborer**  
 (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) **Ind.**

**10. NAME OF FATHER** **John Stoepkin**  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** (STATE OR COUNTRY) **Switzerland**  
**12. MAIDEN NAME OF MOTHER** **Mary Lowe**  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** (STATE OR COUNTRY) **Switzerland**

**14. INFORMANT** *Walter Schmitt*  
 (Address) **3640 Marine Ave. St. Louis, Mo.**

**15. FILED** **JUL 12 1931** *Wm. C. Hurd* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **July 11, 1931** 19

**17. I HEREBY CERTIFY**, That I attended deceased from **Sept. 23, 1930**, 19, to **July 11, 1931**, 19, that I last saw him alive on **July 11, 1931**, 19, and that death occurred, on the date stated above, at **5:20 AM** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Syphilis, tertiary**  
*30 / 167*  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** **Senility**  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH **Unknown**  
 DID AN OPERATION PRECEDE DEATH? No... DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? **No**  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) *Wm. C. Hurd* M. D.

**7-11-31** 19 (Address) **3640 Marine Ave.**

\*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

**Missouri Crematory July 13 1931**  
**20. UNDERTAKER** **Hauck & Schmidt** ADDRESS **3733**  
*P. Grand*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Do not use this space.

