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.

DEC 22 1931

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

Do not use this space.

37350

1. PLACE OF DEATH
County Franklin — Registration District No. 297 — File No.
Township Washington — Primary Registration District No. 3016 — Registered No. 122
City Washington (No. , St. Ward)

2. FULL NAME Gustav August Pepmueller
(a) Residence, No. 109 Caldwell St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Pepmueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1900

7. AGE: YEARS 31 — MONTHS 4 — DAYS 8 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

FATHER
13. NAME William Pepmueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

MOTHER
15. MAIDEN NAME Katherine Haase
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

17. INFORMANT (ADDRESS) Gertrude Pepmueller Washington Mo.

18. BURIAL, CREMATION, OR REMOVAL Boeff Lutheran Cem 11/18/31 19

19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc Washington Mo.

20. FILED Nov 16 1931 O. L. Munch Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16/31, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1931, to Nov. 16, 1931
I last saw him alive on Nov. 15, 1931. Death is said to have occurred on the date stated above, at 1:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left Testicle	7-1-31
51D 5110	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? micro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. Ermankopf, M. D.
(Address) Washington Mo.