

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **701**

File No. **39520**

Township.....

Primary Registration District No. **1003**

Registered No. **11711**

City **St. Louis** (No. **3203**) **Halliday Ave.** St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**Louise Kuppinger**

(a) Residence. No. **3203 Halliday** St. **16** Ward. \_\_\_\_\_

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **late Christian Kuppinger**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 10-1858**  
7. AGE Years **73** Months **4** Days **11** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

PARENTS  
10. NAME OF FATHER **Christian Schwarzkopf**  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**  
12. MAIDEN NAME OF MOTHER **Victoria Enghausen**  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT **F. G. Kuppinger** (Address) **3203 Halliday Ave.**

15. FILED **NOV 23 1931** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 21 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 1, 1928** to **Nov 21st, 1931**. That I last saw her **alive on 11-21-31**, and that death occurred, on the date stated above, at **8:30 a. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Ch. Myocarditis**

**7309308** (duration) **3** yrs. - mos. - da.  
CONTRIBUTORY (SECONDARY) (duration) \_\_\_\_\_ yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: **at place of death**

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS: **Physical Exam.**  
(Signed) **A. P. Alag**, M. D.  
**11/21, 1931** (Address) **7150 Weymouth Rd.**

\*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL **SS Peter & Paul Cemetery** DATE OF BURIAL **Nov 24 1931**

22. UNDERTAKER **Petz Bros 3029 Lafayette Ave** ADDRESS

This document is property classified. Exact statement of OCCUPATION is very important.

Ar. A. T. King.

3150 mg. of product.

Lab. 6345.