

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

Do not use this space.

42748

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1007
 City St. Louis No. 4413; Bingham File No. _____ Registered No. 12669
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4413 - Bingham and 15 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Klueppel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1868
 7. AGE YEARS 63 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) St. Louis Mo

MOTHER 13. NAME Samuel Hussler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German

15. MAIDEN NAME Elizabeth Graber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Elizabeth Koppf
 (ADDRESS) 49 39 1/2 Meigs (Robert)

18. BURIAL, CREMATION, OR REMOVAL PLACE Walter Saul DATE Dec 26 1931

19. UNDERTAKER Wacker-Kelderle
 (ADDRESS) 2331 Broadway

20. FILED DEC 21 1931 W. E. Starnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 29 1930 to Dec 22 1931
 I last saw her alive on Dec 22 1931 Death is said to have occurred on the date stated above, at 9:45 am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arterio Sclerosis
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Chem Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) J. B. Lamb
 (Address) 701 Metropolitan Bldg

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.

