

**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. 70A
 Township..... Primary Registration District No. 11237
 City St. Louis (No. De Paul Hospital) Ward.....

18108

File No.
 Registered No. 5081

2. FULL NAME

(a) Residence, No. 5137 Page Ave St., 6 Ward. (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>John G. Epple</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2 - 1854</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>			
	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..... <u>2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genevieve Mo.</u>				
FATHER	13. NAME <u>Bernard Lammiring</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Anna Terwelp</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>John Epple Jr</u> (ADDRESS) <u>5137 Page Ave</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Cemetery</u> DATE <u>May 27 1932</u>				
19. UNDERTAKER <u>Brommberg and Co</u> (ADDRESS) <u>4740 W. Florissant Ave</u>				
20. FILED <u>MAY 26 1932</u> Registrar. <u>526/32</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician Attended 1932

I last saw h..... alive on..... 1932. Death is said to have occurred on the date stated above, at 10:10 m.

The principal cause of death and related causes of importance were as follows:
Shock & Injuries
Acceleration of Rt Lung
Struck by Street Car
No Auto Involved
Criminal Carelessness

Name of operation 2114 Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury 5-24 1932
 Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Public Place
 Manner of injury Struck by Street Car
 Nature of injury Acceleration of Rt Lung

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) J. W. Ferner, M.D.
 (Address) Dep. Exam

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.

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