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.

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

Do not use this space.
27980

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7863

City St. Louis. (No. Deaconess Hospt. St. ..... Ward)

2. FULL NAME Henry P. Le Pere.

(a) Residence, No. ..... St., 4 Ward. Ballwin, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~XXXXXXX~~ Margaret Le Pere 1854

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 16, ~~1853~~

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General farm work.
10. Date deceased last worked at this occupation (month and year) 1925.
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Clair, Co. Ill.

FATHER

13. NAME Peter Le Pere,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bavaria, Germany.

MOTHER

15. MAIDEN NAME Louisa Frantz.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) (Edw. Le Pere) Edw. Le Pere Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Peres, Mo. DATE Aug. 30, 1932

19. UNDERTAKER (ADDRESS) Schroeder Bros. Ballwin, Mo. Ballwin Mo

20. FILED AUG 29 1932 Mary C. Stadler Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August, 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 8 1932, to Aug 28 1932, I last saw ~~him~~ alive on Aug 28 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

	Date of onset
Ch. Myocarditis & Valvular Endocarditis	
Edema	
80	
9 yr	80
1	

Other contributory causes of importance:

Sat. Dotsalin =	
Arterial Sclerosis —	Indefinite about 8 yr

Name of operation None Date of .....

What test confirmed diagnosis? Clin 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? No —
(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) E. Schiele, M. D.

(Address) 945 Mo. Bldg —

8/29/32