

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

Do not use this space.

34001

1. PLACE OF DEATH

County ..... Registration District No. .... File No. ....  
Township ..... Primary Registration District No. .... Registered No. 9349  
City ST. LOUIS (No. 1) Central City (No. 1) Ward

2. FULL NAME

HENRY J. TEPFER  
(a) Residence, No. 7001 Field St. 1 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 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 LILLIAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 20 - 1889

7. AGE YEARS 42 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) DENVER (STATE OR COUNTRY) COLORADO

13. NAME LOUIS TEPFER

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

15. MAIDEN NAME MINNIE LEIRCK

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT Lillian Tepfer (ADDRESS) 7000 Field

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marquis DATE Oct. 22 1932

19. UNDERTAKER W. W. Ferry & Sons (ADDRESS) 512 N. 3rd

20. FILED 11 21 1932 Registrar. W. W. Ferry

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 to 19 1932

I last saw him alive on 11/5 1932 Death is said to have occurred on the date stated above, at 1450 m.

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

Chronic Myocarditis  
Chronic Parenchymatous  
1st Nephritis  
Other contributory causes of importance:  
93C / (2) (5)

Name of operation ..... Date of operation

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, 1932

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?

If so, specify

(Signed) J. W. Ferrel M.D.

(Address) 10/30/32

Registrar. W. W. Ferry

