

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

Do not use this space.

1. PLACE OF DEATH

26 County Cole Registration District No. 213
 10 Township Primary Registration District No. 3014
 50 City Jefferson City (No. St. Ward)

File No. 18731
 Registered No.

2. FULL NAME Mrs. Helen Schepker

(a) Residence, No. Swifts Highway St. Ward. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Schepker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Jefferson City, Mo.

FATHER 13. NAME Herman Walters

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Ed. Schepker (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Jan. 26, 1933

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 1/23/33 1933 Dr. S. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 33, 19

22. I HEREBY CERTIFY That I attended deceased from Jan 20, 1933 to Jan 23, 1933
 I first saw him alive on Jan 23, 1933 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 1-20
Arteriosclerosis

Other contributory causes of importance:

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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? Yes
 If so, specify

(Signed) H. Walters, M. D.
 (Address) Jefferson City, Mo.

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.

