

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

Do not use this space.

14895

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1007
 City St. Louis (No. 2330), Louisiana St. Ward)

File No.
 Registered No. 3418 St. Ward)

2. FULL NAME Mrs. Elizabeth Tepe

(a) Residence, No. 2330 Louisiana St., 17 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 70 yrs. 8 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 OF (OR) WIFE OF <u>Adam H. Tepe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 13, 1862</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>7</u>	DAYS <u>29--</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>Housework</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.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

13. NAME Charles Steding

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

15. MAIDEN NAME Johanna Busselmann

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

17. INFORMANT Abner L. Tepe (ADDRESS) 2330 Louisiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Church DATE 4/15 1933

19. UNDERTAKER Deiderwieder General Burial (ADDRESS) 1936 West 2nd St. St. Louis

20. FILED Apr 14 1933 Way C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1933 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to April 12, 1933
 I last saw her alive on April 11, 1933 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset
1930

Other contributory causes of importance:

chronic nephritis industrial arteriosclerosis

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

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? no
 If so, specify
 (Signed) Frank W. Smith, M. D.
 (Address) 3500 N. Grand

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.

