

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

Do not use this space.

31767

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Mo Baptist Hospital St. Ward)

File No.
 Registered No. 8498

2. FULL NAME

Huldema Keppel
 (a) Residence, No. 1209 N. Market St. 26 Ward.

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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 27, 1875</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>1</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>Domestic</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.....	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis Indiana</u>
	13. NAME <u>Jesse Keppel</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	15. MAIDEN NAME <u>Don't know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
17. INFORMANT <u>Miss Mildred Entler</u> (ADDRESS) <u>1221 1/2 No. Taylor Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>Sept. 30, 1933</u>	
19. UNDERTAKER <u>Geo. L. Pleitman Inc.</u> (ADDRESS) <u>5966 Gaston Ave.</u>	
20. FILED <u>30 1933</u> 19 <u>J. H. Bredt</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

No physician attended
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1933
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 11:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Stroke - Apoplexy
Chr. Myocarditis
 930
 Other contributory causes of importance:
87
 Name of operation..... 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....., 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?.....
 If so, specify.....
 (Signature) Herald P. Blum M.D.
 (Address) St. Louis

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.

001 20 1933

2
31
31

MAJIN RESERVED FOR BINDING

S. S. NO. 2

