

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis Mo* (No. *3707*, *Kassiter*)..... St. Ward)

File No. **14186**
Registered No. **3322**

2. FULL NAME

Wilhelmena Kuppertz
(a) Residence, No. *3707 Kassiter* St. *8 10* 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Conrad Kuppertz</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 7-1887</i>		
7. AGE	YEARS <i>77</i>	MONTHS <i>2</i>
	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>	
	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) <i>Germany</i>		
MOTHER	13. NAME <i>Louis Heper</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Clara Dehler</i> <i>St Louis Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Park Lawn</i> CEMETERY <i>4-3</i> 1934		
19. UNDERTAKER (ADDRESS) <i>Fendler and Co</i> <i>7819 Michigan</i>		
20. FILED <i>PR -2 1934</i>	<i>J. H. Bredeck</i> Registrar.	

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-1* 1934

22. I HEREBY CERTIFY, that I attended deceased from *Nov 32* to *Mar 31* 1934

I last saw h. e. alive on *Mar 31* 1934. Death is said

to have occurred on the date stated above, at *1 P* m.

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

Multiple hemorrhagic Date of onset

Arteriosclerosis *7/10/33*

Chronic nephritis

Myocardia

Other contributory causes of importance:

Coronary heart *50*

Failure *11/3*

Arteriosclerosis (secondary)

Name of operation..... Date of.....

What test confirmed diagnosis? *Biopsy* Was there an autopsy? *No*

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.....

(Signed) *Thos Stewart* M. D.

(Address) *807 Grand*

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.

