

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

Do not use this space.

OCT 11 1934

34285

1. PLACE OF DEATH

County..... Registration District No. **791**
1003

Township..... Primary Registration District No.

City *St. Louis* (No. *City of Wash. H. 1*)

File No.

Registered No. **9077**

St. Ward)

2. FULL NAME

(a) Residence, No. *4646 Shibley* Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 27 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Peacemaker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Gun Factory*
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) *St. Louis Mo*

13. NAME *Jos. Schupp*

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

15. MAIDEN NAME *Anna Stoester*

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

17. INFORMANT *Wasp Dr. Kemp* (ADDRESS) *City Wash H. 1*

18. BURIAL, CREMATION OR REMOVAL *Calvary* PLACE DATE *Sept 13 1934*

19. UNDERTAKER (ADDRESS) *Aug Brockland & Co 1421 N. 9th*

20. FILED *J. S. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 10 1934*

22. I HEREBY CERTIFY, That I attended deceased from *8/12* 19*34*, to *9/10* 19*34*

I last saw him alive on *9/10* 19*34* Death is said

to have occurred on the date stated above, at *12:20* p.m.

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

Central Thrombosis of Artery Date of onset *?*

34

12 34

Other contributory causes of importance *34*

Bronchial Pneumonia 9.8.34

Pyelitis } in pyelitis

Cystitis } in pyelitis

What test confirmed diagnosis? *P.M.* Date of 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.....

(Signed) *L. C. Nathan*, M. D. (Address) *City Wash H. 1*

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.

