

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.

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

Do not use this space.

JUN 12 1935

15083

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City..... **St. Louis** (No. **Home for the Aged**)

File No.....  
Registered No. **3977**  
St. .... Ward)

2. FULL NAME

**Michael Kieprick**

(a) Residence, No. **3400 So. Grand Blvd.** St., **16** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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 **Male** 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 **Dont Know.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dont Know. 1852.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**About 83**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer.**  
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) **Germany.**

MOTHER FATHER 13. NAME **Charles Kieprick.**

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

15. MAIDEN NAME **Johanna Miller.**

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

17. INFORMANT (ADDRESS) **Walter Dreine 3400 So. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter and Paul Cem. DATE May 2, 1935.**

19. UNDERTAKER (ADDRESS) **J. N. Hopkins P & D Co. 2842 Meramec St.**

20. FILED **MAY - 1 (1935)** 19 **J. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **April 1, 1935** to **April 30, 1935**  
I last saw him alive on **April 30, 1935** Death is said to have occurred on the date stated above, at **12:00** m.

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

**Chronic Bronchitis**  
**1070**  
**Arterio Sclerosis**  
Date of onset

Other contributory causes of importance:  
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?  
If so, specify.....  
(Signed) **John N. Hopkins**, M. D.  
(Address) **3400 So. Grand**

