

MAY 7 1936

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

Do not use this space.

17817

1. PLACE OF DEATH

County.....
Township.....
City St Louis

Registration District No.....
Primary Registration District No.....
(No. Luthern Hospital)

791
1003

File No.....
Registered No. 4603
St. Ward)

2. FULL NAME Henry Christian Lepper

(a) Residence, No. 4111 Beethoven St., 15 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Helma K. Detter Lepper.
~~WIDOWED~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67. 5 26.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Employed.

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) Mo.

13. NAME Heinrich Lepper

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

15. MAIDEN NAME Elizabeth Roemer

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

17. INFORMANT Ma Helma Lepper
(ADDRESS) 4111 Beethoven

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul Cemetery DATE April 30, 1936

19. UNDERTAKER Wm. Laughlin
(ADDRESS) 2501 Lafayette

20. FILED APR 28 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27th 1936

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1936 to April 27th 1936
I last saw him alive on April 27th 1936 Death is said to have occurred on the date stated above, at 9:15 m.

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

BronchopneumoniaDate of onset
April 20th

Other contributory causes of importance:

Hypertension
Atherosclerosis
Chronic Myocarditis

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? No

If so, specify Arnold S. Klein, M. D.
(Signed) Arnold S. Klein
(Address) 4663 Magnolia

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.

