

JUN 6 1936

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

Do not use this space.

21150

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. (No. 2923, Sullivan Ave. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. **5358**  
St. \_\_\_\_\_ Ward

2. FULL NAME Lisette L. Pepperling

(a) Residence, No. 2923 Sullivan Ave. St. 20 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 Female 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 Henry Pepperling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27th. 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
97 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
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) Mo /

MOTHER FATHER 13. NAME Ernest Lehberg

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

MOTHER 15. MAIDEN NAME Charlotte Tiemann

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

17. INFORMANT Dr. T. I. Pepperling (ADDRESS) 2923 Sullivan

18. BURIAL, CREMATION, OR REMOVAL PLACE Bealefontaine DATE 5/22/36 19

19. UNDERTAKER Transit Undertaking Co. (ADDRESS) 3710 N. Grand Blvd.

20. FILED MAY 21 1936 J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/36 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1929, to May 19 1936  
I last saw her alive on May 19 1936 Death is said to have occurred on the date stated above, at 9:40 p.m.

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

Pulmonary edema  
due to long long confinement to bed position  
Other contributory causes of importance:  
Chronic nephritis  
arteriosclerosis  
myocarditis chronic

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? no  
If so, specify \_\_\_\_\_

(Signed) H. J. McElroy, M. D.  
(Address) 27621 N. 20th St.

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.

Mr. Richardson 8-10 AM.  
SERVING