

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.

JUL 14 1936

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

Do not use this space.

24848

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. Bethesda Hospital) St. _____ Ward _____
Registered No. **6502**

2. FULL NAME

Henry Toerper
(a) Residence, No. 2416 Ellist 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 2

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

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) June 1922 11. Total time (years) spent in this occupation

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

13. NAME Henry Toerper

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

15. MAIDEN NAME Winkemeyer

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

17. INFORMANT (ADDRESS) Louise Toerper
2416 Ellist Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Gertrude Cem. DATE June 29 1936

19. UNDERTAKER (ADDRESS) Heiderwider Funeral Home
1936 St. Louis Ave.

20. FILED JUN 25 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1936

22. I HEREBY CERTIFY That I attended deceased from June 19 1936 to June 25 1936. I last saw him alive on June 15 1936. Death is said to have occurred on the date stated above, at 9:10 P.M.

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

Bronchial Pneumonia Date of onset June 20 1862

Other contributory causes of importance:

Fracture Neck of Left Femur
Acute Dilatation of Stomach
Caused by shock of fall.

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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 6-19-36

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In yard of home
fall from roof of house
Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) Chas. J. Cairns M. D.
(Address) 3909 North 25th

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