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

AUG 18 1936

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29054

Township ..... Primary Registration District No. 1003 Registered No. 7827

City St. Louis (No. 2026 East Fair Avenue St. ..... Ward)

2. FULL NAME Katharine Hepp

(a) Residence, No. 2026 East Fair Avenue St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Joseph Hepp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23, 1869

7. AGE: YEARS 66 MONTHS 8 DAYS 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): St. Louis Mo

FATHER

13. NAME: Anthony Kessler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Helen Schintzius
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alcasce Lorraine Germany

17. INFORMANT (ADDRESS): Joseph Hepp 2026 East Fair Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: July 25, 1936

19. UNDERTAKER (ADDRESS): Math. Hermann & Son 2161 East Fair Avenue

20. JUL 23 1936, 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1935, to July 22nd, 1936

I last saw her alive on July 21st, 1936. Death is said to have occurred on the date stated above, at 11:15 A; M

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

	Date of onset
"Hemiplegia: Cerebral bleeding due to Arterial sclerosis	6/15/36
Other contributory causes of importance: Chron Endocarditis	6/4/35

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Name of operation ..... Date of .....

What test confirmed diagnosis? Pyrolysis 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 ....., 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) Alfred Theo Vogler, M. D.

(Address) 4244 N. Florissant ave