

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

AUG 18 1936

Do not use this space.

29232

1. PLACE OF DEATH

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

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. **Deaconess Hospital**)

File No.....
 Registered No. **8004**
 St. Ward)

2. FULL NAME **Wilhelmine Tuepker.**

(a) Residence, No. **1547 Valla Ave.** St. **NR** Ward. **St. Louis County**
 (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 **John T. Tuepker.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 2, 1843**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	93	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at 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) **Germany**

13. NAME **? Linnenbringer.**

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

15. MAIDEN NAME **Dont Know.**

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

17. INFORMANT (ADDRESS) **Mrs. Olinda Wahlbrink 1547 Valla Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Augusta, Mo.** DATE **July 30, 1936**

19. UNDERTAKER (ADDRESS) **Geo. L. Pleitsch Inc. 5966 Augusta Ave**

20. FILED **JUL 29 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 27, 1936**

22. I HEREBY CERTIFY That I attended deceased from **7-27-36**, 19**36**, to **7-27-36**, 19**36**

I last saw h. **aw** alive on **7-27-36**, 19**36** Death is said to have occurred on the date stated above, at **11:00 p.m.**

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

Hypostatic Pneumonia
bronchial
chronic myocarditis

q3c

Other contributory causes of importance:

Name of operation **none** Date of operation
 What test confirmed diagnosis? **Physical Examination** Was there an autopsy **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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) **A. J. Necks**, M. D.
 (Address) **6651 E. Euclid**

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.

6651 Enright Ave

3 to 4

Cal 8400