

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No.)Central Hospital

File No.....

Registered No.....

St. Ward)

2. FULL NAME

Harley V. Nepper, Jr.(a) Residence, No.
(Usual place of abode)3861 Labadie Avenue10 Ward.

(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

June 15, 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.17130

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....School9. 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

MOTHER / FATHER

13. NAME

Harley V. Nepper14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mount Vernon, I

15. MAIDEN NAME

Ethel L. Watts16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Louis Mo.17. INFORMANT
(ADDRESS)Harley V. Nepper
3861 Labadie Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walhalla Cem. DATE Aug. 17, 193619. UNDERTAKER
(ADDRESS)Math. Hermann & Son
218 1/2 East Fair Avenue

20. FILED

AUG 14 1936

19.....

J. F. Bredeck
Registrar.

791

1003

32595

8467

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 193622. I HEREBY CERTIFY, That I attended deceased from
Aug. 12, 1936 to Aug 14, 1936I last saw him alive on Aug 13, 1936 Death is said
to have occurred on the date stated above, at 4:45 am.

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

Date of onset

abdominal Peritonitis

Other contributory causes of importance:

Ruptured Gallbladder
appendixName of operation Appendectomy Date of 8-12-36What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Yes Date of injury None, 19.....Where did injury occur? Home
(Specify city or town, county, and State)

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

Manner of injury NoneNature of injury None

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

If so, specify

(Signed) J. F. Bredeck, M. D.(Address) 2243 22 Street

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.

