

OCT 5 1936

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

Do not use this space.

36112

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 4643 Pershing Ave.)

File No.....
Registered No. 9755
St. Ward)

2. FULL NAME Edward J. Kupferle

(a) Residence, No. 4643 Pershing Ave. St. 12 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kupferle Bros.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg. Co. Metal
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME John Kupferle

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

15. MAIDEN NAME Mary Catherine Karlselin

16. BIRTHPLACE (CITY OR TOWN) Alsace Loraine (STATE OR COUNTRY)

17. INFORMANT Estelle Koetter (ADDRESS) 4643 Pershing Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sept. 26, 1936

19. UNDERTAKER Arthur J. Donnelly Undt. Co. (ADDRESS) 3840 Lindell Blvd.

20. FILED SEP 25 1936 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 19th 1936 to September 26th 1936
I last saw h. alive on September 26th 1936. Death is said to have occurred on the date stated above, at 2:25 p.m.

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

Cerebral Hemorrhage Date of onset Sept. 26
2201 1936

Other contributory causes of importance: General Arterio Sclerosis many years ago

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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) Edward S. Smith, M. D.
(Address) 3720 Washington Ave

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.

3720 Washington Jr 6334