N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 39117

Township ..... Primary Registration District No. ..... Registered No. 10148

City ST. LOUIS MO. (No. ST. ANTHONYS HOSPITAL St. ..... Ward)

2. FULL NAME ALBERT. J. KUEPFERT.

(a) Residence, No. 3434A MONTANA St., 15 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: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word): WIDOW

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIDE OF~~ MARY KUEPFERT.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 20-1860

7. AGE: YEARS 76 MONTHS 5 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. COAL DEALER
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) MO.

FATHER
13. NAME Unk. KUEPFERT.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME UnKNOWN.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

17. INFORMANT (ADDRESS) KATHERINE KUEPFERT 3434A MONTANA

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW ST. MARCUS DATE Oct. 9 1936

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 Lafayette av.

20. FILED OCT 7 1936 19 J. H. Beedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31 1936, to Oct 6 1936

I last saw him alive on Oct 6 1936 Death is said to have occurred on the date stated above, at 8 30 PM

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

	Date of onset
Hypostatic Pneumonia Bronchial	
46 D	

Other contributory causes of importance:

Cancer of Rectum

Name of operation Colostomy Date of 10-1-36

What test confirmed diagnosis? Physical Was there an autopsy? Yes

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) [illegible], M. D.

(Address) 3115 S. Grand Blvd.