

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 3929 Shaw Blvd.)
 Registration District No. 791
 Primary Registration District No. 1003

File No. 3271
 Registered No. 298
 St. Ward)

2. FULL NAME Caroline Kupferer

(a) Residence, No. 3929 Shaw Blvd. St. 17 Ward. 1
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Toledo Ohio

13. NAME Martin Silberer

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) William Kupferer 3929 Shaw Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 1-9 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED JAN 8 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937 to Jan. 7, 1937

I last saw her alive on Jan. 6, 1937 Death is said to have occurred on the date stated above, at 12:10 A.M.

The principal cause of death and related causes of importance were as follows:
Aortic and Mitral Regurgitation Date of onset

Other contributory causes of importance:
Chronic Interstitial Nephritis.

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

28. 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? IC
 If so, specify B. W. Kleppel, M. D. M. D.
 (Signed) B. W. Kleppel, M. D.
 (Address) 3772 S. Broadway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mr Kippel
Birdway & Chippewa

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