

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.

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

Do not use this space.

MAR 5-1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. St. Anthony's Hospital)
Registration District No. 791
Primary Registration District No. 1008
File No. 8679
Registered No. 2140
St. Ward)

2. FULL NAME

Wm E. Huppert

(a) Residence, No. 3616 Castleman St. 17 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna K. Huppert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-26-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. real estate
9. 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) Illinois

13. NAME Jacob J. Huppert

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

15. MAIDEN NAME Katherine Stoehr

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

17. INFORMANT Wm E. Huppert (ADDRESS) 3616 Castleman

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Maus. DATE 2-22-1937

19. UNDERTAKER Southern Und. Co (ADDRESS) 1322 S Grand

20. FILED FEB 21 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1937, to Feb 20, 1937
I last saw him alive on Feb 19th, 1937. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon Date of onset 27 mo.
H6C
Other contributory causes of importance:

Name of operation Colostomy Date of Feb 15, 1937
What test confirmed diagnosis? Phy. & Pat. 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?.....
If so, specify.....
(Signed) Dr. W. H. Masters (Address) 3608 S. Grand Blvd.

Dr. W. W. W. W.
2608 S. Howard