APR 8 1937

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

Do not use this space.

File No. 10468

Registered No. 3041

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. Christiean Hosp. St. ..... Ward)

2. FULL NAME Infant of Leo H. Kueper Jr.

(a) Residence, No. 3609a Clarence Ave. St., 10 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) March 17. 1937

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

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) St. Louis, Mo.

FATHER

13. NAME Leo H. Kueper Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louisn Mo.

MOTHER

15. MAIDEN NAME Caroline Brurkemper,

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

17. INFORMANT Leo H. Kueper Jr.
(ADDRESS) 3609 Clarence Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 3/18/37, 19

19. UNDERTAKER W. A. Stock Und. Co.
(ADDRESS) 2117 E. Grand Blvd.

20. FILED MAR 18 1937 E. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1937, to Mar 17, 1937

I last saw him alive on not, 19..... Death is said to have occurred on the date stated above, at 7 30 A m.

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

Still birth from placenta abrupta

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. A. Uhlemeyer, M. D.

(Address) 1511 E. Grand Bl

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.

PERMANENT RECORD

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Rev Whitney et
1511 E. Grand

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