JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Saint Louis
Township: Carondelet
City: Jefferson Barracks (No. Veterans Facility Administration Ward)

Registration District No. 1123
Primary Registration District No. 6248B

File No. 21366
Registered No. 223

2. FULL NAME: William J. Duperrex
(a) Residence, No. 16a South 2nd Street St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1875

7. AGE: Years 61 | Months 10 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Post Office
10. Date deceased last worked at this occupation (month and year): -
11. Total time (years) spent in this occupation: About 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Louis, Missouri

FATHER
13. NAME: Tell Duperrex
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Switzerland

MOTHER
15. MAIDEN NAME: Estelle Mathe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Switzerland

17. INFORMANT: Mrs. Clinical Clerk
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE May 28, 1937

19. UNDERTAKER: C. Hoffmeister U.&L.Co.
(ADDRESS) 7814 S. Broadway

20. FILED May 28, 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 26, 1937
I last saw him alive on May 26, 1937. Death is said to have occurred on the date stated above, at 11:00Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage incident to Hypertension, severe and Arterio-sclerosis, general.	Unkn.
Other contributory causes of importance:	
Bronchial Pneumonia	Unkn.

Name of operation: None Date of
What test confirmed diagnosis? Autopsy Findings 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Officer. M. D.
(Address) VAF Jefferson Barracks, Mo.

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.