

AUG - 5 1937

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

Do not use this space.

25365

## 1. PLACE OF DEATH

County

Township

City

St Louis

9  
1

Registration District No.

Primary Registration District No.

(No.

En Route City Hosp. #1

File No.

Registered No.

6539

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(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.

William F. Hepner

3404<sup>1/2</sup> Magnolia

St.

17

Ward.

(If nonresident, give city or town and State)

(HEPNER)

## 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

Cara Wetteraw Hepner

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

Mar 6<sup>th</sup> 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

62

3

27

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

Secy of Arthur D. Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Estate

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.

13. NAME

Wm Hepner

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

Germany

15. MAIDEN NAME

Susan Runtz

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

Switzerland

17. INFORMANT (ADDRESS)

Mrs Clara Hepner  
3404<sup>1/2</sup> Magnolia

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Mathias

DATE

7-7-37

19. UNDERTAKER (ADDRESS)

Muller Bros  
4259 Lytle

20. FILE NO.

10012 707

Registrar.

791

1003

MEDICAL CERTIFICATE OF DEATH  
No Physician attended

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

7-3

1937

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:30 A.M.

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

Illuminating Gas Poisoning  
result of inhaling gas, which  
opened gas jets at his home  
3404<sup>1/2</sup> Magnolia Ave on July  
3, 1937 at about 10:30 A.M. while  
suffering from temporary  
mental fabrication.

Other contributory causes of importance:

Date of onset

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

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/3/1937

Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.  
In home

Manner of injury 4 See Above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. P. P. M. D.

(Address) Crown

