

N. B.—Every item of information should be carefully supplied. AGE should be stated EARLY. OCCUPATION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG - 5 1937

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

Do not use this space.

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1. PLACE OF DEATH
County.....
Township.....
City..... St. Louis (No.) City Hospital no. 1

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 6833 (St. Ward)

C. 5141
2. FULL NAME..... Baby Kapper
3142 Lafayette, 17 Ward.
(a) Residence, No. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) July 15, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	0	0	19 hrs. 8 min.

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

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, Missouri

13. NAME Leslie Kapper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Virginia Reeves

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/15/37, 19 to 7/15/37, 19.

I last saw him alive on 7/15/37, 19. Death is said to have occurred on the date stated above, at 11.58 p.m.

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

Pruritus

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Date of onset

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.....

17. INFORMANT..... Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL *not of ve cem*
PLACE *E. St. Louis Ill* DATE *July 15 1937*

19. UNDERTAKER *Allen N. McLaughlin*
(ADDRESS) *Lafayette*

20. FILE *JUL 18 1937* *J. Bredek*
Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify *Pruritus*
(Signed) *J. Bredek* (Address) *City Hospital No. 1*, M. D.

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