

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

361
Do not use this space.

FEB 12 1938
DEATH

791
1003

Registered No. 217

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Children's Hospital Street No. Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lois Tepe 100
 (a) Residence, No. 5645 Columbia St. 13 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-35

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
2 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Child
 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 Henry

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

MOTHER 15. MAIDEN NAME Angela Fennen

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

17. INFORMANT J. M. & I. Levin
 (ADDRESS) 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE 1-8-38

19. FUNERAL DIRECTOR Tringshaw's Mortuaries
 (ADDRESS) 4228 S. Kingshighway

20. FILED JAN 7 1938 J. Predeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1-4-38, 19, to 1-6-38, 19.

I last saw h. e. r. alive on 1-6-38, 19. Death is said to have occurred on the date stated above, at 12:42 m.
 The principal cause of death and related causes of importance were as follows:

Streptococcus Septicemia Date of onset 12/4/37
Mitralitic lesions thru the body - Brain, lymph nodes, bone, kidney etc.
Measles

Other contributory causes of importance: Probably started in ear 10 days after measles. Non-malignant.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Culture 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) Ralph N. Barlow M. D.
 (Address) 540 S. Kingshighway

This form must be filled out in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. This form must be filled out EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.
No. or by....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)