

I 1 X1204

WRITE PLAINLY, WITH OBTAINING INFORMATION

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.

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

8984  
Do not use this space.

REC'D APR 11 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City..... **St Louis Mo.** (d) Street No. **Lutheran Hospt.**

(e) Length of residence in city or town where death occurred yrs. **1** mos. **11** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **GUSTAVE HERMAN LIEPKE** **120**

(a) Residence, No. **626 N. 11** St. **N.R.** **Rose Bud Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Martha Liepke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6 15 1877**

7. AGE YEARS **60** MONTHS **9** DAYS **11** If LESS than 1 day, ..... hrs. or ..... min.

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

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

10. Date deceased last worked at this occupation (month and year) **Sept 1937**

11. Total time (years) spent in this occupation **34**

12. BIRTHPLACE (CITY OR TOWN). **Germany** (STATE OR COUNTRY) **6**

13. NAME **Traugott Liepke** **6**

14. BIRTHPLACE (CITY OR TOWN). **Germany** (STATE OR COUNTRY) **6**

15. MAIDEN NAME **Wilhemina**

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

17. INFORMANT **E. C. Karstedt** (ADDRESS) **Union Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Rose Bud Mo.** DATE **3-19-38**

19. FUNERAL DIRECTOR **Albert H. Hoppe** (ADDRESS) **429 N Euclid**

20. FILED **MAR 17 1938** **J.P. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-16-1938**

22. I HEREBY CERTIFY, That I attended deceased from **2-5-38**, 19....., to **3-16-38**, 19.....  
I last saw him alive on **3-16-38**, 19..... Death is said to have occurred on the date stated above, at **4:50 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Arteriosclerotic heart failure**  
**Dissecting aortic aneurysm**  
**Compensatory failure**  
Date of onset **1/26/38**

Other contributory causes of importance **Arteriosclerosis of liver**

Name of operation **Mentopexy** Date of **3-14-38**  
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **No**

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) **Thos. H. Fouser**, M. D.  
(Address) **3651 Grand Ave**

**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 *Albert W. Kapp*  
Licensed Embalmer No. *1861*

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