

REC'D APR 11 1938

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

9200  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **City Hospital**  
(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

**William E. Harper 616**  
(a) Residence, No. **7515 Parkdale** St. **N.R.** **Clayton 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 **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ninon C. Harper**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 21, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**61 7 2**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Insurance**  
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)  
11. Total time (years) spent in this occupation **12 1**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vermont**

FATHER 13. NAME **William Harper**

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

MOTHER 15. MAIDEN NAME **Mary Craig**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT (ADDRESS) **Mrs. W. E. Harper 7515 Parkdale**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ottumwa, Iowa** DATE **3/25/58**

19. FUNERAL DIRECTOR (ADDRESS) **Louis H. Gopp Kirkwood, Mo.**

20. FILED **MAR 24 1938** **J. P. Bredel** Local Registrar

*No Autopsy performed*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 23, 1938**

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 **11:00 P.M.**  
The principal cause of death and related causes of importance were as follows:

**Cardiac Thrombosis**  
**Chronic Arteriosclerosis Nephritis**  
**Arterio Sclerosis**  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? **No**  
If so, specify.....  
(Signed) **Joseph M. Quinn** M.D. Deputy Coroner  
Address.....

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.

**STATEMENT BY LICENSED EMBALMER**

I, Louis H. Bopp, Licensed Embalmer No. 921

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Louis H. Bopp*

Licensed Embalmer No. 921

**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.)**