REC'D MAY 10 1938

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

12591
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 3195
(c) City St. Louis, (d) Street No. Alexian Bros. 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 Archibald F. Luepker 126
(a) Residence, No. ..... St. N.R. Lemay, 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: Rosalie Luepker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 15, 1881.

7. AGE: YEARS 56 | MONTHS 3 | DAYS 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: President
9. Industry or business in which work was done, as saw mill, bank, etc.: St. Louis Boiler & Tank & Machy Co.
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: Frank N. Luepker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois.

MOTHER
15. MAIDEN NAME: Minnie Stoll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Rosalie Luepker, 4019 Giles Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SS. Peter & Paul Cem. DATE: Apr. 5, 1938.

19. FUNERAL DIRECTOR (ADDRESS): J. H. Gebken L & U Co., 2842 Meramec St.

20. FILED: APR 4 1938 J. P. Bredick, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-31-, 1938, to 4-2-, 1938
I last saw him alive on 4-2-, 1938. Death is said to have occurred on the date stated above, at 11:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs
Diabetic Gangrene of Toes	1/31/38

Other contributory causes of importance:

Cardiac Failure due to Chr. myocarditis	3/15/38

Name of operation: Amputation of Toes Date of 2/25/38
What test confirmed diagnosis: Physical Exam. 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: [illegible]
(Signed) 3958 S. Grand Bl., M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

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 Herman A. Gebken

Licensed Embalmer No. 2120

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.)