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.

REC'D FEB 10 1939

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

433
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003 Registered No. 433
(c) City St. Louis (d) Street No. 3219 Liberty 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 152 Josephine J. Kuppinger
(a) Residence, No. 3219 Liberty St. 15
(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: Female
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: George Kuppinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2, 1884
7. AGE: YEARS 54 MONTHS 10 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

FATHER
13. NAME: Frank Zengel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

MOTHER
15. MAIDEN NAME: Beulia Heusel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT (ADDRESS): George Kuppinger 3219 Liberty
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul Ch. Yd. DATE Jan. 16, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Wacker-Helderle 2331 So. Broadway
20. FILED JAN 13 1939 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1939, to Jan. 12, 1939
I last saw her alive on Jan. 12, 1939. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia-Rt. Lower	1/9/39

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Other contributory causes of importance:
Acute Dilatation Rt. Ventricle

Name of operation Date of
What test confirmed diagnosis? Physical Exam 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

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Roman Strauss, M. D.
(Address) 4500 Virginia

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert Wheele, or by

Registered Apprentice No....., working under my personal supervision.

Signed Robert Wheele

Licensed Embalmer No. 2178

P. O. Address St Louis

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

If this body is not embalmed, above space should be left blank.