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 MAR 21 1939

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

7487
Do not use this space.

81

1. PLACE OF DEATH
(a) County Phelps. 2 Registration District No. 678
(b) Township St James. 1 Primary Registration District No. 5904 Registered No.
or
(c) City (d) Street No. 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 162 William Lupberger.
(a) Residence, No. Rolla RR Missouri St.
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN-4-1852
7. AGE Years 87 Months 1 Days ✓ If LESS than 1 day, ...hrs. or ....min.

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.
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) Baden. Germany

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) William Lupberger Jr. St James Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wishon Cemt. DATE 2-6-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James & Gorman St James Mo.
20. FILED 2-10-1939 Elsie B. Houk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1939
22. I HEREBY CERTIFY, That I attended deceased from ~~Feby~~ 29, 1939, to Feby 2-4, 1939
I last saw him alive on Feby 2, 1939. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchia Pneumonia	✓
1070	

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Natural 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? No
If so, specify
(Signed) J B Underwood, M. D.
(Address) St James Mo

(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, ~~or by~~ ✓

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2379

P. O. Address Pittsville

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

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