

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

20210
Do not use this space.

REC'D JUL 12 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 2 Primary Registration District No. 1008
 (c) City St. Louis Mo (d) Street No. St. Anthony 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Harry Albert Lepp St. NR Columbia 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 Margaret Lepp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-16-1896

7. AGE YEARS 42 MONTHS 8 DAYS 27 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Common labor
 9. Industry or business in which work was done, as saw mill, bank, etc. Leaving
 10. Date deceased last worked at this occupation (month and year) 1-22-1939 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo

FATHER 13. NAME Fred Lepp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Frances Steppig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mag Harry Lepp Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE May 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Josephine F. Schmidt Columbia Mo

20. FILED JUN 5 1939 J. B. Bredebeck (Death Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3 1939

22. I HEREBY CERTIFY That I attended deceased from April 17 1939 to June 3 1939
 I last saw him alive on June 2 1939. Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Osteomyelitis of ribs caused by accident
 Date of onset 4-13-39
 1946
 Other contributory causes of importance: Septicemia from above

Name of operation Incision Date 4/10/39
 What test confirmed diagnosis? Culturing Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 4-13 1939
 Where did injury occur? Columbia Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Industry
 Manner of injury Striking leg on timber
 Nature of injury " " " "

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify was at work when injured
 (Signed) Francis Jones M. D.
 (Address) 114 N. Grand St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address J. H. Lewis

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.)

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