DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27756

REG'D SEP 14 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 7256

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4730 Cupples Place 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County

(c) City or town St. Louis 6 (If outside city or town limits, write "RURAL")

(d) Street No. 4730 Cupples Place (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bernard H. Luepke 130

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Luepke

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 29, 1875 (Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Coal Passer

11. Industry or business Howard-Bend Water Works 6

FATHER
12. Name John Luepke 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Avers
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Luepke

(b) Address 4730 Cupples Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22-39 (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Chas. L. Stuart

(b) Address 1225 Union Blvd.

19. (a) AUG 21 1939 (Date received local registrar) (b) J. F. Bardick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day Aug. year 1939 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15, 1939, to Aug 19, 1939; that I last saw him alive on Aug 17, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	6 mos
Due to Rheumatic Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature John R. Buscon (BRISCOE) (M. D. or other)

Address 7648 Oakview Date signed 8/19/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19311

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.