1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30244

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1568

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rich Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4730 Cupples Pl. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Luepke
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bernard Luepke
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 24, 1885 (Month) (Day) (Year)
8. AGE: Years 54 Months — Days 8 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Joseph O'Rourke
13. Birthplace New York N. Y. (City, town, or county) (State or foreign country)
14. Maiden name Mary M. Derby
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant's own signature John Luepke
(b) Address 4730 Cupples Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem.
18. (a) Signature of funeral director Chas. F. Stuart
(b) Address 1233 Union Blvd.
19. (a) SEP 4 1939 (Date received local registrar) (b) A. R. Mueller M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1939 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Aug 23, 1939, to Sept 2, 1939, that I last saw he alive on Sept 2, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to	
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 Sept 2, 1939
(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. Fiscus (M. D. or other)
Address 4648 Delmar Date signed 9/4/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

132 N

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 E. Hoppe

Licensed Embalmer No. 12971

P. O. Address.....

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

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

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

Do not use this space. 7

1. PLACE OF DEATH
County St. Louis Registration District No. 784
Township Registration District No. 111
City Rch. Hts. (No. St. Mary's Hosp. St. Ward)

File No. 30244
Registered No. 1528

2. FULL NAME Mary Lenapke

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) W-

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
54	—	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-4 1939 J R Meyers D.D.P.H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Chronic Nephritis
Influenza.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....

(Signed) John R. Russell, M. D.
(Address) 264 S. Oakview

S - 30244