DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34493

Registration District No. 791 Primary Registration District No. Registrar's No. 9031

1. PLACE OF DEATH: 1003 NOV 13 1939
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3515a Park Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carl H A Tepe 106
3. (b) If veteran, name war
3. (c) Social Security No. 492-01-3022
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Kickul Tepe
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Feb (Month) 28 (Day) 1878 (Year)

8. AGE: Years 61 Months 7 Days 23 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Cabinet Maker
11. Industry or business
FATHER 12. Name William Tepe
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marie Junge
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Marie Tepe
(b) Address 3515a Park Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 24 1939 (Month) (Day) (Year)
(c) Place: burial or cremation St Trinity Cemetery
18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1939 St Louis Ave
19. (a) OCT 24 1939 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1939 hour 10:15 P M. minute M.
21. I hereby certify that I attended the deceased from 10-15-39, 19, to 10-21-39, 19; that I last saw him alive on 10-21-39, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Occlusion	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

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 Thos. H. Hanson (M. D. or other) M.D.
Address 3651 Grandel Sq. Date signed 10/23/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39
Rev. 5-17-39
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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.....

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

working under my personal supervision.

Signed Felix J. Krieger

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.