DEC 10 1939

JAN 8 1940

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

Do not use this space.

44536

1. PLACE OF DEATH
County St. Louis 3
Township Bonhomme 1
City Ballwin (No. Pine Crest Nursing Home St. Ward)
Registration District No. 784
Primary Registration District No. 200
File No.
Registered No. 2169

2. FULL NAME 120 Sarah Hepps
(a) Residence, No. Pine Crest Nursing Home Ward. Ballwin, Mo.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1858

7. AGE: YEARS 81 | MONTHS 8 | DAYS 29 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nile
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) New Jersey 1

FATHER
13. NAME Pitter Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Frank Hepps Litchfield, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE 12/11/39 19

19. UNDERTAKER (ADDRESS) Louis H Bopp 131 W Argonne Dr Kirkwood Mo

20. FILED DEC 10 1939 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1939, to Dec. 8, 1939
I last saw her alive on Dec. 7, 1939. Death is said to have occurred on the date stated above, at 3:25 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral hemorrhage (Hemiplegia) | 12-8-39 |
| Chronic nephritis | |

131

Other contributory causes of importance:
Chronic myocarditis
Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? physical 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B. R. Loving, M. D.
(Address) Ballwin, 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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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

Signed Louis H Bagg

License Embalmer No. 921

P. O. Adress Richmond Me