

791  
1003

Registration District No. 1003 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(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:  
Christian  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community \_\_\_\_\_ years, months or days)

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 9  
(If outside city or town limit, write "RURAL")  
(d) Street No. 1936 E. Warne Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 36 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18  
year 1940 hour 4 minute P. M.

21. I hereby certify that I attended the decedent from Nov 11 to Jan 18 1940  
that I last saw him alive on January 18 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac dilatation  
Mitral Regurgitation  
Chronic Hypertension  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry John Kuper 160

8. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frieda Kuper 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 22, 1866  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Painting Business

11. Industry or business Own.

12. Name Henry J. Kuper 6

13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Heising 6

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Frieda Kuper

(b) Address 1936 E. Warne Ave.

17. (a) Burial (b) Date thereof 1/22/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W.A. Stock

(b) Address 2117 E. Grand Blvd. 544

19. (a) JAN 20 1940 (b) J. J. Brack  
(Date received local registrar) (Signature of registrar)

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury 1

23. Signature W. J. ... (M. D. or other) MD

Address 4356 Warne Date signed 1/19/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Mc. Gravel

6-8 P.M.

4356 Wayne

**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

*Frank R. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

**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.