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No. 2  
-11-10-39  
-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3809

Registration District No. 784 Primary Registration District No. 111

Registrar's No. 187

FILED FEB 7 1940

1. PLACE OF DEATH:

(a) County St. Louis 1940

(b) City or town Richmond Heights

(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 \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph

(c) City or town Ruma  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Helen Loepker

8. (b) If veteran, name war No. \_\_\_\_\_ (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 40 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 11/28/39  
1:28, 1939, to Jan 25, 1940  
that I last saw her alive on Jan 24, 1940  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 17 1921  
(Month) (Day) (Year)

Immediate cause of death Renal Peritonitis

Due to selected colitis

Due to \_\_\_\_\_

Other conditions 179  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

18	9	8	hr. min.
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9. Birthplace Bartelso Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic Student Nurse

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Loepker

13. Birthplace Bartelso Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel Canady

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Saw a deep vein

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

16. (a) Informant Mother Vincenta

(b) Address Ruma, Ill.

17. (a) Removal (b) Date thereof 1/28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ruma, Ill.

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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) JAN 28 1940 (b) A. R. Murphy  
(Date received by registrar) (Registrar's signature)

23. Signature A. R. Murphy (M. D. or other) \_\_\_\_\_  
Address 729 No. DuSable Bldg Date signed Jan 27/40

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

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. Kappen

Licensed Embalmer No. 247

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.