

APR 1940  
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 574

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Hts  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 1 2 3

3. (a) PRINT FULL NAME LYDIA B. JEPSON  
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 Wid  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 27 1889  
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation W. W.

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Wm. Boldt  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Hecker  
15. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Dell Dennis  
(b) Address Dearborn, Mich.

17. (a) Removal (b) Date thereof 3/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Chicago, Ills.

18. (a) Signature of funeral director Louis J. Boyer  
(b) Address 131 W. Argonne Kirkwood

19. (a) MAR 22 1940 (b) A. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 521 Angenette  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 21  
year 40 hour 11 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 3/15/40  
\_\_\_\_\_ 19\_\_\_\_ to 3/21 19\_\_\_\_  
that I last saw her alive on 3/21/40 11:20 A.M.  
and that death occurred on the date and hour stated above.

Immediate cause of death Eight Nervous Tremor Epil  
Lidex - (Magnesium)  
Due to Stress of Strain  
Duration \_\_\_\_\_  
Due to 53!  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

23. Signature [Signature] (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address 4. Clark City Date signed \_\_\_\_\_

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.

**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.....  
*Louis H. Boyer* Registered Apprentice No.....  
working under my personal supervision.

Signed.....*Louis H. Boyer*.....  
Licensed Embalmer No.....*921*.....  
P. O. Address.....*Kirkwood*.....

**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.**