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

FR MAY 15 1946

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 13164

Registrar's No. 3366

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

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: 3234 Mt. Pleasant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 3234 Mt. Pleasant
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Herman Supp 100

3. (b) If veteran, name war —

3. (c) Social Security No. 492-01-3023

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12-22-1875 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation Metal worker

11. Industry or business

MOTHER FATHER

12. Name John G. Supp
13. Birthplace (City, town or county) Germany (State or foreign country)

14. Maiden name Josepha Panter
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs L. M. Schutte
(b) Address 3234 Mt. Pleasant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Southern Funeral
(b) Address 6322 S. Grand

19. (a) APR 13 1940 (Date received local registrar) (b) J. B. Bodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1940 hour 10PM minute M.

21. I hereby certify that I attended the deceased from April 4, 19 40, to April 11, 1946; that I last saw alive on April 10, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Hemorrhagic Nephritis Cerebrosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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 J. B. Blew (M. D. or other)
Address 1446 N. Grand Date signed 4-12-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. De Peu
1446 S. Grand
9-10

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.