

35 1940  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. 3817

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: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
In this community 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 24  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3129a Osage  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th  
year 1940 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan. 23  
\_\_\_\_\_, 1940 to April 26, 1940  
that I last saw her alive on April 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia Pt. base (Bacterial) 2 days  
Lobar

Due to Spargio Blastoma temporal lobe left. 2 mos.  
Not malignant

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

Other conditions Pulmonary emphysema 2  
(Include pregnancy within 3 months of death)  
Non tubercular

Major findings: 108  
Of operations \_\_\_\_\_

Of autopsy Brain tumor (Spargio Blastoma)

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 Victor F. Kuepper (M. D. or other) M.D.  
Address 3805 So. Broadway Date signed 4/27/40

3. (a) PRINT FULL NAME Mrs. Adele Swope 100

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Willis Swope 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 19th, 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>1</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Household

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

MOTHER FATHER { 12. Name William F. Lehr

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Seiter

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Adele Swope

(b) Address 3129a Osage

17. (a) Burial (b) Date thereof April 29, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Widow's Temp. Burial

(b) Address 1936 St. Louis Avenue Inc.

19. (a) APR 29 1940 (b) J. J. [Signature]  
(Date received local registrar) (Signature)

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.

2-3

Lee Vail Klein  
3803 S Bond

SEP 1 9 1964

**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..... *Richard J. Krupin*  
Licensed Embalmer No..... *3497*  
P. O. Address..... *1936 St. Louis*

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.