DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30195

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7472

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Central Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days) In this community 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

(c) City or town ~~St. Louis~~ University City (If outside city or town limits, write "RURAL")

(d) Street No. 1242 Perdue Ave. (If rural, give location) NR

(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Henry A. Dupiech

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emily Dupiech

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. (Month) 27 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Summerfield (City, town, or county) Mo. (State or foreign country) O

10. Usual occupation President of the

11. Industry or business J. M. Dupiech Bottling Co.

FATHER 12. Name Unknown

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant's own signature Emily Dupiech

(b) Address 1242 Perdue Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-40 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) SEP 5 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 15 1940, to Sept 4 1940, that I last saw him alive on Sept 4 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis chronic with Hypostatic Pneumonia unspecified — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy yes

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. H. Walton (M. D. or other)

Address 4918 Washington Date signed Sept 6 40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Central Hospital

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 Warren A. Carver

Licensed Embalmer No. 3534

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.