DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33026

Registration District No. 780 Primary Registration District No. 4466 Registrar's No. 39

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

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

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

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Gen.

(c) City ~~or town~~ Ste. Genevieve (If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME REINHARDT STUPPY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife WIFE LOUISE TROUTMAN

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

7. Birth date of deceased JAN. (Month) 8 (Day) 1857 (Year)

8. AGE: Years 83 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation RETIRED FARMER

11. Industry or business

FATHER
12. Name JACOB STUPPY
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name FRANCISCO HUCK
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature George A. Stuppy

(b) Address 4945 Seibert St Louis MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 4-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Ste Genevieve Mo

18. (a) Signature of funeral director Leo C. Basler

(b) Address Ste-Genevieve Mo

19. (a) Sept 3/40 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1 year 1940 hour 4 minute 45P M.

21. I hereby certify that I attended the deceased from Feb, 1940 to Sept 1, 1940; that I last saw him alive on Aug. 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	
Pulmonary Oedema	
Due to Chronic Myocarditis	15 yrs
Chronic Nephritis	
Due to Arterial Hypertension	
Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	21
Of autopsy	

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 E. J. Claparoll (M. D. or other)

Address Ste Genevieve Mo Date signed Sept 1-40

(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.

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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 Leo C. Bosler, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo C. Bosler

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.