No. 2
1-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32492

FILED OCT 7 1941

Registration District No. 1926 — Primary Registration District No. 101 — Registrar's No. 1959

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 0 (Specify whether years, months or days) In this community: 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St Louis 096

(c) City or town: Wellston (If outside city or town limits, write "RURAL")

(d) Street No.: 6446 Ridge Ave Wellston (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country: —

3. (a) PRINT FULL NAME: JOSIE HUPFER

3. (b) If veteran, name war: —

3. (c) Social Security No.: NOT AVAILABLE

4. Sex: Fe

5. Color or race: wh

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

6. (b) Name of husband or wife: THEODORE HUPFER

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: JANUARY (Month) 9 (Day) 1868 (Year)

8. AGE: Years 73 Months 8 Days 10 If less than one day: hr. min.

9. Birthplace: Jackson (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: —

MOTHER FATHER

12. Name: WILLIAM BANTRIECE

13. Birthplace: Jackson (City, town, or county) Tennessee (State or foreign country)

MOTHER

14. Maiden name: SARAH FITZGERALD

15. Birthplace: Jackson (City, town, or county) Tenn (State or foreign country)

16. (a) Informant: Husband, Theodore

(b) Address: 6446 Ridge, Wellston

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-23-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery.

18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.

(b) Address: 5966-68 Easton Ave.

19. (a) SEP 22 1941 (Date received local registrar) (b) H. McGuron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 19 year 1941 hour 7 minute 05 AM.

21. I hereby certify that I attended the deceased from Sept 13, 1941, to Sept 20, 1941, that I last saw her alive on Sept 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure

Due to: Ascites & hydrothorax

Due to: Malignancy of G. I. tract & hepatic metastasis

Other conditions: Degen. ht. disease (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: Hepatic metastatic carcinoma & carcinomatous mass in right pleural space

Duration: 24 hrs. 6 mos — a 2 days — h

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: Roger D. Judy (M. D. or other) MD

Address: St. Louis County Hosp. Date signed: 9/21/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 3454 David C. Gibson, Registered Apprentice No. ____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3450

P. O. Address 5966 Easton 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, fact should be so stated above.