

HLED OCT 6 1948

Registration District No.

Primary Registration District No. 1003

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:
Little Sisters of Poor. 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years.
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Kuper.

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

4. Sex F. / 5. Color or race W. 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 March 12, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 15 hr. min.

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

10. Usual occupation At Home.

11. Industry or business.....

12. Name Anthony Kuper.

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

14. Maiden name Katherine Suer.

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

16. (a) Informant Mrs. L.G. Lindenman.
(b) Address 8355 Octavia Ave

17. (a) Burial (b) Date thereof 9-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) SEP 29 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th.
year 1942. hour 5 minute P M.

21. I hereby certify that I attended the deceased from Sept. 6, 1942 to Sept. 27, 1942
that I last saw her alive on Sept. 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic interstitial nephritis

Due to 131

Due to.....

Other conditions: Arteriosclerosis
(Include pregnancy within 9 months of death)

Major findings: 121
Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Anthony A. Theparker M.D. (M. D. or other).....

Address 1525a Cass St Date signed 9/28/42

000
2012
9

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

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.