V. S. No. 2
00M—2-43
ev. 5-17-39
I X35

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23106

FILED JUL 31 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6637

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:
Firmin Desloge Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000 17 9 11

(a) State Missouri (b) County

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

(d) Street No. 4061 Cottage Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Eberhard J. T. Hueppauff,

3. (b) If veteran, name war No

3. (c) Social Security No. 489-10-0058

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Geneva Bradley

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March (Month) 15 (Day) 1889 (Year)

8. AGE: Years 54 Months 4 Days 5 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Foreman

11. Industry or business General Battery Co.

12. Name Moritz Hueppauff

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Agnes Sacher

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Geneva Hueppauff

(b) Address 4061 Cottage Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1943 hour 9 minute 40 a M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver and Lung Primary in Liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Dr Alfred J Perry 3 (M. D. or other)

Address Deputy Coroner Date signed 7-22-43

(Licensed Embalmer's Statement on Reverse Side)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6637

On this 2nd day of August, 1943, before me appears Mrs. Geneva Hueppauff (wife), who, upon her oath, states that the original record of ~~birth~~ death for Eberhard J.T.Hueppauff died ~~born~~ July 20th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on 7-22-, 1943, should be corrected as follows:

Item No. 3 should read Eberhard J.T.Hueppauff

Instead of Eberhard Hueppauff

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Geneva Hueppauff
Relationship.

4061 College
Present Address.

Subscribed and sworn to before me this 2 day of Aug 1943

My Commission Expires March 4, 1945

My Commission expires

Ella C Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
X32339

S-23106