

S. No. 2
DM-2-43
5-17-37
P1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33249
Registrar's No. 9388

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

FILED NOV 1 1943
318

Registration District No. _____ Primary Registration District No. _____

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:
6227 Rosebury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6227 Rosebury
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura E. Kepler

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 22nd, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 0 hr. min.

9. Birthplace Mt. Vernon Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Travis

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

14. Maiden name Mellisa Wilson

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

16. (a) Informant Mrs. J. F. Boyce

(b) Address 6227 Rosebury

17. (a) Removal (b) Date thereof 10/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Nebraska

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 634 N. Grand

19. (a) OCT 25 1943 (b) J. F. Boyce
(Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd
year 1943 hour 11.53 minute A M.

21. I hereby certify that I attended the deceased from June 19
1938 to Oct. 22 1943

that I last saw her alive on Oct. 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic cardio-vascular renal disease
Duration more than 5-yr.

Due to _____

Due to _____

Other conditions Acute cystitis, Catarrh 10 days
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____

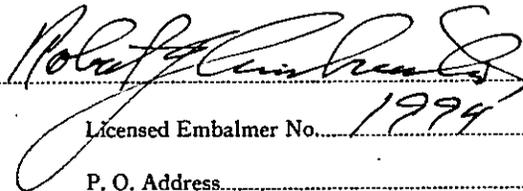
While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature Inseling J. Huber (M. D. or other) _____

Address 634 N. Grand Date signed 10-23-43

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 .....
Licensed Embalmer No. 1994.....
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, fact should be so stated above.