U. S. No. 2
00M—5-43
Rev. 5-17-39
X36671

#10157

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39311

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11548

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 1) 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. 4439 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ESSIE HUPERT
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife George W. Hupert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. 27, ~~1870~~ 1871 (Month) (Day) (Year)

8. AGE: Years 74 ~~75~~ Months 11 Days 0 If less than one day hr. min.

9. Birthplace Litchfield, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. FATHER Name Benj. Pearman
13. FATHER Birthplace Unknown (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Mary Putnan
15. MOTHER Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Carl W. Hupert
(b) Address 4015 Maffitt Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Litchfield, Ill.
18. (a) Signature of funeral director Paschedag-Henke Fun. Home
(b) Address 2825 N. Grand Blvd.
19. (a) DEC 29 1945 (Date received local registrar) J. F. Brenek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th year 1945 hour 5:15 minute P M.
21. I hereby certify that I attended the deceased from 12/23/45, 19..., to 12/27/45, 19...; that I last saw her alive on 12/27/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis (Duration)
Due to
Due to
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James J. Stamler 12/28/45 (M.D. or Coroner)
Address 1515 Lafayette Date signed

(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 Henry M. Brammer

Licensed Embalmer No. 4200

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.