V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29272
Registrar's No. 7972

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: Grand and Gravois Avenues 3
(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:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3470 Grace Avenue 9
(If rural, give location)
16
(e) Citizen of foreign country? No (Yes or No) 10
If yes, name country

3. (a) PRINT FULL NAME William J. Luepke
3. (b) If veteran, name war No
3. (c) Social Security No. 498-16-1857
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 15th, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	3	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Bricklayer
11. Industry or business
FATHER
12. Name Bernard Luepke
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Elizabeth Luepke
(b) Address 3470 Grace Ave., St. Louis, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul Cemetery
18. (a) Signature of funeral director Wacker-Helderle U.&R.C.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Brederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1947 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 1932 to Aug 21 1947 that I last saw him alive on Aug 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr
Chronic Interstitial nephritis	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature R B Karn (M. D. or other) MD
Address 2000 S Broadway Date signed 8/22/47

Jefferson City Printing Co.

(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 Robert A Wheeler

Licensed Embalmer No. 2178

P. O. Address Rand Md

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.