

S. No. 300
V. 10-48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15473

State File No.

317

6276

1037

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY ST. CHARLES						
b. CITY (If outside corporate limits, write RURAL and give township) JEFF. BRKS., MO.		c. LENGTH OF STAY (In this place) 378 days		c. CITY (If outside corporate limits, write RURAL and give township) WEST ALTON		199'								
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL				d. STREET ADDRESS (If rural, give location)				/						
3. NAME OF DECEASED (Type or Print)			a. (First) PAUL			b. (Middle) H.			c. (Last) TUEPKER			4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1950		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August 6, 1908		9. AGE (In years last birthday) 41		If UNDER 1 YEAR Months 8 Days 14		If UNDER 24 HRS. Hours 14 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int. Unit. U.S. Treas. Dept.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Farber, Missouri				12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME August F. Tuepker				13b. MOTHER'S MAIDEN NAME Anna Depping				14. NAME OF HUSBAND OR WIFE Edna Tuepker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII				16. SOCIAL SECURITY NO. 327-07-6610		17. INFORMANT'S SIGNATURE OR NAME V.A. HOSPITAL RECORDS, JEFF. BRKS. MO.						ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIO-VASCULAR DISEASE														
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.														
ANTECEDENT CAUSES														
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.														
DUE TO (b) PNEUMONIA														
DUE TO (c)														
II. OTHER SIGNIFICANT CONDITIONS														
Conditions contributing to the death but not related to the disease or condition causing death.												443X		
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from March 15, 1950 , to April 20, 1950 , and that death occurred at 4:00A m. , from the causes and on the date stated above.														
23a. SIGNATURE R.E. Stuebel, M.D. CHIEF, PROFESSIONAL SERVICES								23b. ADDRESS V.A. HOSPITAL, JEFF. BRKS. MO.				23c. DATE SIGNED 4-20-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 23-1950		24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery				24d. LOCATION (City, town, or county) (State) Portage-des-Sioux, Mo						
BASED UPON LOCAL REG. APR 21 1950				REGISTRAR'S SIGNATURE <i>[Signature]</i>				FUNERAL DIRECTOR'S SIGNATURE W.C. Hallmeyer & Sons Co 2800 N. 2nd St. Charles, Mo						

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

