

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1950

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis City</u> <u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. state Prison Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>2108 South Spring Dr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Robert</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Tepfer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 19, 1933</u>	9. AGE (In years last birthday) <u>16</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis City</u>	12. CITIZEN OF WHAT COUNTRY? <u> </u>
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13a. FATHER'S NAME <u>Louis Tepfer</u>	13b. MOTHER'S MAIDEN NAME <u>Ester Jolly</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Missouri State Prison Hospital</u>	ADDRESS <u>Jefferson City, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. PERIOD BETWEEN ONSET AND DEATH <u>3 wks.?</u> <u>2/17/50</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhages - multiple</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Lymphocytic Leukemia</u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1950 to July 14, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 1:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Donald Shill, M.D.</u>	23b. ADDRESS <u>229 1/2 E. High St. Jefferson City, Mo.</u>	23c. DATE SIGNED <u>July 14, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed - Burial</u>	24b. DATE <u>July 17, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 14-1950</u>	REGISTRAR'S SIGNATURE <u>R.P. Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. W. ...</u>	ADDRESS <u>St. Louis, Mo</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-17-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-17-50

JUL 18 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Ferd P. Aille

Signed _____
Student Embalmer

Licensed Embalmer No. _____

3990

P. O. Address _____

Jefferson City 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.