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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15154

State File No. ....

FILED APR 27 1956

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 918

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>Manchester</u>		c. LENGTH OF STAY (in this place) <u>2 1/2</u> years	c. CITY OR TOWN <u>Kirkwood</u> <u>4683</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>326 Central Place</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>C.</u> c. (Last) <u>LEPERE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1956</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 23, 1863</u>	
9. AGE (In years last birthday) <u>93</u>		10. MONTH (Day) (Hour) (Min.) <u>0</u> <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - FARM</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Lepere</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Franz</u>	
14. NAME OF HUSBAND OR WIFE <u>Louisa Lepere</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robt. Rott, 326 Central Pl., Kirkwood</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vasculow accident</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia previously, senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb. 23, 1956</u> , to <u>March 29, 1956</u> , that I last saw the deceased alive on <u>March 29, 1956</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ralph W. Laffey, D.O.</u>		23b. ADDRESS <u>Box 312, Manchester, Mo.</u>	
23c. DATE SIGNED <u>4/4/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/6/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Lucas Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sappington, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4/5/56</u>	
REGISTRAR'S SIGNATURE <u>Heberl R. Amberg</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp, Inc.</u>	
ADDRESS <u>Kirkwood</u>		ADDRESS <u>Kirkwood</u>	

(Licensed Embalmer's Placement on Reverse Side)

720.

**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..

Student.....  
Signature of Student Embalmer

Signed..... *Felix Huand* .....

Licensed Embalmer No. *303*

P. O. Address *Kutwo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.