MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32263

1. PLACE OF DEATH
County: St. Charles — Registration District No. 913 — File No. 5
Township: Femme Osage — Primary Registration District No. 5996B — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Henry Wm Tuepker
(a) Residence. No. Defiance Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ida C. Tuepker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 22 - 1869

7. AGE: Years 62 — Months 7 — Days 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Femme Osage Mo

PARENTS
10. NAME OF FATHER: J. Hy Tuepker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany (Prussia)
12. MAIDEN NAME OF MOTHER: C. Sophie Gaussmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Femme Osage Mo

14. INFORMANT: Eugene Tuepker
(Address) Defiance Mo.

15. FILED: 9-28, 1931 O. R. Buenaman, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1931, to Sept 28 - 1931 that I last saw him alive on Sept 27 - 1931, and that death occurred, on the date stated above, at 6:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A 89A
97
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) O. A. Mulvin, M.D.
Sept 28 1931 (Address) New Melle Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Evang. Cemetery, Defiance — DATE OF BURIAL: 9/30 1931

20. UNDERTAKER: Morris Muschong — ADDRESS: Hamburg, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1931