

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

4058

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. Missouri Baptist Hospital) St. Ward)

File No. 1025
 Registered No.

2. FULL NAME

Marie Repking.
 (a) Residence, No. 4038 @ Arsenal Street, 16 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1933.</u>		
7. AGE	YEARS	MONTHS
	--	--
		DAYS
		1
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

FATHER 13. NAME Harry F. Repking.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

MOTHER 15. MAIDEN NAME Marie Harris.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.,

17. INFORMANT Harry Repking
 (ADDRESS) 4038 @ Arsenal Street.

18. BURIAL, CREMATION, OR REMOVAL
SS. Peter & Paul Cem. DATE Jan. 30, 1933

19. UNDERTAKER H. Gebren Pharm. Co.
 (ADDRESS) 2842 Meramec Street

20. FILED 30 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1933, to Jan. 28, 1933
 I last saw her... alive on Jan 28, 1933 Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

Premature Birth. Date of onset
not done till Apr. 4/33.
159

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify
 (Signed) H. M. Loevenstein, M. D.
 (Address) 3903 Olive St.

Dr. Lammstein