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

REC'D JUN 12 1939

16762
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 4296
(c) or City St. Louis, Missouri (d) Street No. Alexian Bros. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 140 Mr. Joseph Epple
(a) Residence, No. 4647a Cecil Place St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Martha Schoeneman Epple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1867

7. AGE: YEARS 71 | MONTHS 11 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Packer
9. Industry or business in which work was done, as saw mill, bank, etc. Pulley Co.
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): Germany

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 6

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 9

17. INFORMANT (ADDRESS): Mrs. Martha Epple 4647a Cecil Place

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Trinity Luth. Cem. DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Beiderwieden F. H. Inc. 1936 St. Louis Avenue

20. FILED MAY 9 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 28th, 1939, to May 6, 1939
I last saw him alive on May 6, 1939. Death is said to have occurred on the date stated above, at 7:32 P.M.
The principal cause of death and related causes of importance were as follows:

Perforation of gastric ulcer — Date of onset 4/28/39

Other contributory causes of importance:

Name of operation Clean Perforation Date of 4/28/39
What test confirmed diagnosis? Mitigated 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) [signature], M. D.
(Address) 3540 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

La 3637 3548 S. Grand

2-3:30

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2737

P. O. Address 1926 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.