

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

Do not use this space.

43138

**1. PLACE OF DEATH**

County COLE

Registration District No. 213

Township 1

Primary Registration District No. 3014

City JEFFERSON CITY

(No. St. Mary's Hosp.)

File No. \_\_\_\_\_

Registered No. 287

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

GEORGE DAVID SCHEPPERS

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (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 MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) ST. MARY'S HOSPITAL  
(STATE OR COUNTRY) JEFFERSON CITY, MO

MOTHER 13. NAME GEORGE SCHEPPERS

14. BIRTHPLACE (CITY OR TOWN) JEFFERSON CITY  
(STATE OR COUNTRY) MO

15. MAIDEN NAME MARY KROGER

16. BIRTHPLACE (CITY OR TOWN) JEFFERSON CITY  
(STATE OR COUNTRY) MO

17. INFORMANT Mrs Mary Scheppers  
(ADDRESS) 716 W. Main - Jefferson City

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE 12/8/1939

19. UNDERTAKER Family  
(ADDRESS) \_\_\_\_\_

20. FILED 12/8/1939 D. B. Beardsley  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 / 7 / 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Still Born  
Other contributory causes of importance: 6 1/2 month.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) James Stewart M. D.  
(Address) 626 Jefferson St

