

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **20382**Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **5330**

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
212 E. Marceau
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME Dorothy Schuppan **150**3. (b) If veteran,
name war ---3. (c) Social Security
No. none4. Sex Female 5. Color or race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Werner 6. (c) Age of husband or wife if
alive 22 years7. Birth date of deceased August 31, 1921
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
18 9 17 hr. min.9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business --12. Name Jessie White13. Birthplace Potosi, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Eva Nettie Hicks15. Birthplace Bonneterre, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jessie White(b) Address 212 E. Marceau17. (a) Burial (b) Date thereof June 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cemetery18. (a) Signature of funeral director Wacker-Heldel(b) Address 2331 So. Broadway19. (a) JUN 20 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 212 E. Marceau
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1940 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from 6-17-40
6-18- 1940, to 6-18- 1940that I last saw her alive on 6-18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis Duration 1 yr.

Due to

Due to

Other conditions G.I. & Laryngeal Tbc 6 mo
(Include pregnancy within 3 months of death)

Major findings:

Of operations ---Of autopsy ---

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury _____23. Signature Albert Kaplan (M. D. or other) _____
Address Mo. Theatre Bldg. Date signed 6-19-40

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..... *Frank J. Wyland Sr.*
Licensed Embalmer No..... *2645*
P. O. Address..... *St Louis Mo.*

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

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