

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7760

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 HRS.  
(Specify whether years, months or days)

In this community 52 YRS.

3. (a) PRINT FULL NAME CONRAD W. PEPER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY PEPER 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased DECEMBER 22<sup>ND</sup> 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>22</u>	<u>—</u> hr. <u>—</u> min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation REAL ESTATE

11. Industry or business DEALER

12. Name CHARLES PEPER

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTINE BLUMEYER

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Peper

(b) Address 1514 N 10 ST

17. (a) BURIAL (b) Date thereof SEPT. 17<sup>TH</sup> 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director Brookland Ind Co

(b) Address 1827 HOGAN ST

19. (a) SEP 17 1940 (b) J. P. [Signature]  
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County —

(c) City or town ST. LOUIS 26  
(If outside city or town limits, write "RURAL")

(d) Street No. 1514 A. N. 10 TH. ST.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 14<sup>TH</sup>  
year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage (Apoplexy)  
Due to Arteriosclerosis;

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 5

23. Signature Joseph M. [Signature] (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed \_\_\_\_\_

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**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.....

*Guy W Wilkerson*

Licensed Embalmer No..... *2575*

P. O. Address.....

**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, fact should be so stated above.**