20

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.

OCT 17 1935

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

Do not use this space.

28282

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7481

City St Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME John Koepke

(a) Residence, No. 3313a Magnolia Ave St. 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Elizabeth Koepke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1876

7. AGE: YEARS 58 | MONTHS 8 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant
10. Date deceased last worked at this occupation (month and year) Aug 31-35
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Carl Koepke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Mina Wolff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elizabeth Koepke 3313a Magnolia Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Sept 5th 1935

19. UNDERTAKER (ADDRESS) Julius Jr Schmitt 3934 Russell Blvd

20. FILED SEP - 5 1935 J. S. Brederk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1935

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 25 a.m.

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

Fracture of Skull (Basal) Subdural Hemorrhage of Brain Compound Fracture Left Leg received when struck by auto

Date of onset

Other contributory causes of importance: in St Louis Mo. Deceased was a pedestrian. 200

Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury 8/31, 1935

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) [signature], M.D.

(Address) Deputy Coroner

9/3/35

1948

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