

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.

JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. City Hospital NO.1)

B 14051

2. FULL NAME

Paul Koepke(a) Residence, No. 4267 DelmarSt. 19 Ward.

(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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Unknown

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

June 21, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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)

Michigan

FATHER

FATHER

13. NAME

unknown

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

unknown

MOTHER

MOTHER

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT (ADDRESS)

Hosp. Info. M.H. Kent
City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. MathewsDATE 6/19/36

19. UNDERTAKER (ADDRESS)

E.J. Schnur
3125 Lafayette

20. FILE

JUN 19 1936J.F. Bredeck

Registrar.

791
1003

24625

File No.....

Registered No.....

6246

St.....

Ward.....

MEDICAL CERTIFICATE OF DEATH

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

6/18/36

19.....

22. I HEREBY CERTIFY, That I attended deceased from

12/8/35

19.....

to 6/18/36

19.....

I last saw h. him on 6/18/36, 19.....

Death is said

to have occurred on the date stated above, at 2:45 a

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

Date of onset

Ca of tongue = carcinoma

Other contributory causes of importance:

H/S

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?.....

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? Yes

If so, specify.....

(Signed) Raymond H. Fugent

M. D.

(Address) City Hospital No.1

