

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

Do not use this space.

MAY 31 1937

17196

1. PLACE OF DEATH

County Cass
Township Centerville
City Centerville (No. _____)

Registration District No. 660
Primary Registration District No. 4396

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joseph Koepfer
(a) Residence, No. Centerville St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) March 17, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>68</u>	<u>77</u>	<u>1</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired printer
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) Bickell Mo.

FATHER 13. NAME Henry Koepfer

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

MOTHER 15. MAIDEN NAME Esther Steigen

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

17. INFORMANT (ADDRESS) Bernard Koepfer Centerville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Boniface Chrch DATE May 14, 1937

19. UNDERTAKER (ADDRESS) Boyer Undertaking Co. Centerville Mo.

20. FILED May 13, 1937 Joe J. Zoller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-11-37, 1937, to 5-12-37, 1937.
I last saw him alive on 5-11-37, 1937. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

(Myocardial Infarction)
940
Other contributory causes of importance: None
Date of onset 5-11-37

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 _____, 1937.
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) Dr. J. P. Helm, M. D.
(Address) Centerville Mo.

COPIES OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE

