NOV 15 1937

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

36051
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 9628
(c) City St. Louis (d) Street No. Alexian Bros Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME COELESTIN SCHUEPFER
(a) Residence, No. 3705 Cleves Ave. St. NR Lemay, Mo.
(Usual place of abode, if no street address, write county or city) (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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Schuepfer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1865

7. AGE: YEARS 71 | MONTHS 9 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Cooper
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) Wuertzburg, Germany

FATHER
13. NAME John Schuepfer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred Schuepfer, 1020 Lemay, Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE Oct. 18 1937

19. FUNERAL DIRECTOR (ADDRESS) C. HOFFMEISTER U. & L. CO. 7814 S. Broadway St. Louis Mo.

20. FILED OCT 16 1937 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:15p m.
The principal cause of death and related causes of importance were as follows:
Fracture of inner plate of skull. Contrib: Traumatic Pachymeningitis and Leptomeningitis, as a result of being struck by a St. Louis Public Service Bus while changing direction at Cleves Avenue and LeMay Ferry Road, driven by one William Christain, Sept. 18, 1937, at about 6:30 P.M. Criminal Carelessness.
Date of Onset
Other contributory causes of importance:
Criminal Carelessness
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? Crim Carelessness Date of injury 9/18, 1937
Where did injury occur? St. Louis County
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
public place
Manner of injury see above
Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Alfred J. Ferry, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

MAY 4 1950

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Leo Budde L. E. No. 3989

No. ..... or by ..... Registered Apprentice No. .....

working under my personal supervision.

Signed Geo W. Hoffmeister

Licensed Embalmer No. 2426

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.)