

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAR 14 1938

791

5008

Do not use this space.

1653

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 4322 Cherry Lane 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 John Joplin Sr. 145

(a) Residence, No. 4322 Cherry Lane St. 16 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Joplin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Clay mines
 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) St. Louis Mo.

FATHER 13. NAME Jacob Joplin

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

MOTHER 15. MAIDEN NAME Isabell Tonsill

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

17. INFORMANT John Joplin Jr.
 (ADDRESS) 4322 Cherry Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 2-17 1938

19. FUNERAL DIRECTOR Kraegshauser Mortuaries
 (ADDRESS) 4228 So. Kingshighway

20. FILED FEB 15 1938 J. F. Rudolph

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1938 to Feb 14 1938

I last saw him alive on Feb 13 1938 Death is said to have occurred on the date stated above, at 10:10 P.M.

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

Coronary embolus Date of onset Feb 11 1938
Arterio-sclerosis 1923
 Other contributory causes of importance: None
 Name of operation None Date of 10
 What test confirmed diagnosis? Cholesterol Was there an autopsy? No

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 10

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W.D. Keiser (Signed) 4500 Olive St. M. D.

(Address) 4500 Olive St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

Dr. Victor Kieffer
Hester Bldg. / 230 - 3 PM

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Reinhold K. Lohmann
Licensed Embalmer No. 3395

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.)