

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

16179
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis
 (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.

Registration District No. 791
 Primary Registration District No. 1003
 (d) Street No. Deaconess Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Frederick D. Klopfer

(a) Residence, No. 5530 Holley Hills St. 2
 (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15 1929		
7. AGE	YEARS	MONTHS
	8	6
		DAYS
		14
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
	13. NAME Frederick W. Klopfer	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
	15. MAIDEN NAME Sophia Schlapper	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT F.W. Klopfer (ADDRESS) 5530 Holley Hills		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE May 2 1938		
19. FUNERAL DIRECTOR Wm. Schumacher (ADDRESS) 3013 Keramec St.		
20. FILE NO. MAY - 1 1938 J.P. Brudeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 29 1938**

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1938, to April 29, 1938
 I last saw him alive on April 29, 1938. Death is said to have occurred on the date stated above, at 10 m.
 The principal cause of death and related causes of importance were as follows:
Meningitis, organism not isolated, non-epidemic
Acute mastoiditis
Left
Mastoidectomy
Spinal cell
 Date of onset **4-17-38**
 Other contributory causes of importance:
 Name of operation **Mastoidectomy** Date of **4-17-38**
 What test confirmed diagnosis? **Spinal cell** 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.....

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **M. D.**
 (Address) **4500 Olive St St. Louis, Mo.**

Revised 11-12-11

STATEMENT BY LICENSED EMBALMER

I, Fred W. Wettig, Licensed Embalmer No. 1534

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Fred W. Wettig
Licensed Embalmer No. 1534

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.)