

REC'D JUL 12 1938

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

20624

Do not use this space.

5763

## 1. PLACE OF DEATH

- (a) County.....  
 (b) Township.....  
 (c) City City of St. Louis, (d) Street No. Home for the Aged 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

- Joseph Kofflar  
 (a) Residence, No. 3400 So. Grand Blvd. St. 16  
 (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 Dont Know.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know. 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 85 -- --

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

- FATHER 13. NAME Paul Kofflar

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

- MOTHER 15. MAIDEN NAME Mary Quillang

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

17. INFORMANT Sister Saraphine  
 (ADDRESS) 3400 So. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL  
SS. Peter & Paul Cem. DATE June 27, 1938

19. FUNERAL DIRECTOR J.H. Bickner and Co.  
 (ADDRESS) 2842 Meramec St.

20. FILED 27 1938  
J.F. Budeck  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 19 3822. I HEREBY CERTIFY, That I attended deceased from Apr 10 1938, to June 24 1938I last saw him alive on June 7 1938. Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

Cerebral Haemorrhage Date of onset 1938Other contributory causes of importance: Arterio Sclerosis 1935

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..... 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?.....

If so, specify.....

(Signed) J.F. Budeck M. D.(Address) Miss Club Bldg

**STATEMENT BY LICENSED EMBALMER**

I, Herman A. Gebken, Licensed Embalmer No. 2120

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 \_\_\_\_\_

Licensed Embalmer No. 2120

**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.)**