

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH** 791

41058  
Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. 003  
 (b) Township..... Primary Registration District No.  
 (c) City St. Louis mo (d) Street No. 4559 W Papin St 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**

(a) Residence, No. 4559 W Papin St. 18  
 (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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amelia Keck  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 - 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Guardian Life  
 9. Industry or business in which work was done, as saw mill, bank, etc. Insurance Co.  
 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 Louis Schaeperkoetter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Sophie Ferwig  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

17. INFORMANT (ADDRESS) Mrs. Amelia Schaeperkoetter 4559 W. Papin

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Dec. 16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Biederweil's Funeral Home 1926 St. Louis Ave.

20. FILED DEC 14 1938 J. B. Biederweil Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1938, to Dec 13 1938  
 I last saw him alive on Dec 10 1938. Death is said to have occurred on the date stated above, at 9:10 pm.  
 The principal cause of death and related causes of importance were as follows:

apoplexy (cerebral)  
arteriosclerosis  
arterio-sclerotic heart disease  
 Date of onset 12-13-38

Other contributory causes of importance:  
arteriosclerosis  
arterio-sclerotic heart disease  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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 Branch of U.S. Army  
 (Signed) Branch of U.S. Army M. D.  
 (Address) 3500 N Grand 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.

1-X14028

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

**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.)**

**If this body is not embalmed, above space should be left blank.**