

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 15 1940

791

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3929 Shaw Ave. *a*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Kupferer *166*

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Caroline Silberer

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 22 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	10	6	hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery man

11. Industry or business _____

MOTHER FATHER {

12. Name ---Kupferer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theodore Kupferer

(b) Address 3929 Shaw Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof April 30, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegler

(b) Address 7027 Gravidis Ave.

19. (a) APR 29 1940
(Date received local registrar)

(b) J. J. [Signature]
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis *17*
(If outside city or town limits, write "RURAL")

(d) Street No. 3929 Shaw Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1940 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 2/22/40 1940, to 4/28 1940
that I last saw him alive on 4/27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. interstitial nephritis
serena

Duration 1 wk.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____
(Specify type of place) (or) Means of injury

23. Signature [Signature] (M. D. or other) _____
Address 2608 S. Kingshighway Date signed 4/29/40

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..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937^a Gravois*

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.