

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **33861**
Registrar's No. **8558**Registration District No. **791**Primary Registration District No. **1003**

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: 6227 Rosebury Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT
FULL NAME Henry A. Keppler

3. (b) If veteran, name war.....
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Keppler 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased July 15th 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 0 hr. min.

9. Birthplace Linn Co Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Retired11. Industry or business Grain Dealer12. Name Henry Keppler

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

14. Maiden name Eminence Willetts

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

16. (a) Informant James F. Boyce(b) Address 6227 Rosebury Ave

17. (a) Removal (b) Date thereof 10/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Nebraska18. (a) Signature of funeral director Robert J. Ambruster(b) Address 6633 Clayton Road

19. (a) OCT 16 1940 (b) J. B. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County.....
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 6227 Rosebury
(If rural, give location)
(e) If foreign born, how long in U. S. A.?.....years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th
year 1940 hour 8 minute 23 A. M.

21. I hereby certify that I attended the deceased from June 19
1938 to Oct. 15, 1940
that I last saw him alive on Oct. 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death.

Arterio sclerotic cordis -
vascular - renal disease uncertain

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 sta-
tistically.

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)

(e) Means of injury.....

23. Signature Paul J. Huber (M. D. or other)Address 634 N. Grand St. Louis Mo. Date signed 10-15-40

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

Edward J. Bockherd

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.