

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

87224

Registration District No. 791

Primary Registration District No. 1007

Registrar's No.

9497

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:
St. Anthony's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Katie Kupferer3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Anton 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Sept. 3 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 2 15 hr. min.9. Birthplace Germany
(City, town, or county) (State or foreign country)10. Usual occupation House Work

11. Industry or business _____

12. Name Anthony Weber13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Elsa Straub(b) Address 3100 Providence Pl.17. (a) Burial (b) Date thereof Nov. 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS Peter & Paul18. (a) Signature of funeral director H. Schumacher(b) Address 3013 Meramec St.19. Nov. 19 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3100 Providence Pl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1940 hour 1 minute 00 P. M.21. I hereby certify that I attended the deceased from 9-3
1940, to 11/18, 1940.that I last saw her alive on 11/18, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of head of
pancreas & generalized metastases. Duration 10 days

Due to _____

Due to _____

Other conditions H/O
(Include pregnancy within 3 months of death)Major findings:
Of operations _____Of autopsy none

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) no

(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 [Signature] (M. D. or other) _____Address 5204 Wilming[Signature] Date signed 11/19/40

1151

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.....

Clarence Rochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clarence Rochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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.