

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22797

State File No. _____

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1264

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 3/12/41
(Specify whether years, months or days)

In this community Since 3/12/41

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9

(d) Street No. 4110-A Russell
(If rural, give location) 1

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

3. (a) PRINT FULL NAME Henry J. Kuperschmidt

3. (b) If veteran, name war WORLD

3. (c) Social Security No. 486-76-5592 None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 41 hour 12:15 minute P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased September 27 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 12th
1941, to June 16th, 1941
that I last saw h. im alive on June 16th, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

49 8 19 - hr. - min.

Immediate cause of death Carcinoma of stomach with metastases to liver. Unknown
Prim - stomach 46

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

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

Major findings:
Of operations None
Of autopsy None

10. Usual occupation Cooper

11. Industry or business --

MOTHER FATHER { 12. Name Julius Kuperschmidt

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

14. Maiden name Rose Webber

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant M. DeKuller

(b) Address Clinical Clerk, VAF, Jeff. Bks Mo.

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?
707
(Specify type of place) (e) Means of injury -

17. (a) BURIAL (b) Date thereof JUNE 19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Boulevard

19. (a) JUN 18 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

23. Signature C. W. HUGHES, M.D. (M. D. or other) 0
Address Chief Medical Officer Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
5
2

V

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

Linus C. Hoffmeister

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

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, fact should be so stated above.