DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 548

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4323

State File No. 14923

Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Marion

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

(c) Name of hospital or institution:

(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 .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Marion

(c) City or town: Palmyra
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME: AUGUST KOEPLER

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 .....

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

7. Birth date of deceased: 9 (Month) – 12 (Day) – 1859 (Year)

8. AGE: Years 82 | Months 7 | Days — | If less than one day — hr. — min.

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

10. Usual occupation: Metal working tinsmith

11. Industry or business: Tin Shop

MOTHER FATHER

12. Name: Henry Koepler

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

14. Maiden name: Sophia

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

16. (a) Informant's own signature: Harvey Koepler

(b) Address: Palmyra Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 4 – 15 – 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Crematory St. Louis Mo.

18. (a) Signature of funeral director: E. L. Spring ue

(b) Address: Palmyra Mo

19. (a) 4/14/42 (Date received local registrar) (b) Mrs. Margaret Maddox (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th year 1942 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from 4-11-42, 19..., to 4-12-, 1942, that I last saw him alive on 4-12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchitis — Pneumonia — Duration: 4 days

Due to .....

Due to .....

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

Major findings: Of operations 107

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) (e) Means of injury .....

23. Signature: T. G. Power (M. D. or other)

Address: Palmyra Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 Form I X19511

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. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra Me.

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.