

S. No. 2
DM-542
v. 5-17-39
X32873

28877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED OCT 1 1942

318 STANDARD CERTIFICATE OF DEATH

State File No.

1003

Registration District No.

Primary Registration District 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:
2213 South 11 th. Street 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
on this community
North City Hosp H
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **2213 South 11 th. St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
No Attending Physician

3. (a) PRINT FULL NAME **William Kepler**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Sept.** day..... **17** th.
year..... **1942** hour..... **9** minute..... **0** 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..... **25** years

7. Birth date of deceased..... **August 25 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **0** **23** hr. min.

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

10. Usual occupation..... **Plumbers helper**

11. Industry or business..... **Retired**

12. Name..... **Mathis Kepler**

13. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Clara Eichorn**

15. Birthplace..... **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Anna Meyer**

(b) Address..... **3820 Meramec Street**

17. (a) **Burial** (b) Date thereof..... **9/19/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Old SS Peter & Paul**

18. (a) Signature of funeral director..... **Madhu Alder...**
(b) Address..... **3634 Gravois Avenue**

19. (a) **SEP 18 1942** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....

Major findings: Of operations.....

Of autopsy.....

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?

(Specify type of place) (e) Means of injury.....

23. Signature..... **Thomas F. Callahan** (M. D. or other)
Address..... **Deputy Coroner** Date signed..... **9/18/42**

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

MOTHER FATHER

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 Frank J. Highland

Licensed Embalmer No. 2645

P. O. Address

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.