

LEG AUG 8 1943 318

Registration District No. Primary Registration District No. 1003

State File No.

Registrar's No. 6230

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

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:
3927 A N. 20th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether In this community..... 86 yrs. years, months or days)

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. 3927a N. 20th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Karoline M. Kaeppler

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife..... Herman Kaeppler

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

7. Birth date of deceased May 2 1857
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 86 | 2 | 23 | hr. min. |

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

10. Usual occupation..... Housework

11. Industry or business.....

12. Name Frederick A. Schmidt

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

14. Maiden name..... Wilhelmina Meyer

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

16. (a) Informant..... Alvera Wieseemann

(b) Address..... 3927 a N. 20th St.

17. (a) Burial (b) Date thereof..... 7/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Suedmeyer & Sons

(b) Address..... 3934 N. 20th St.

19. (a) AUG 26 1943 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th year 1943 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from May 18 43 to July 25 43
that I last saw h. or alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... acute dilation of heart.

Due to..... chronic intercostal ant feet. ex haustion

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration

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?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... Carl C. Otterbach M.D. (M. D. or other)

Address..... 1509 Bremen St. Date signed..... July 26 43

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..... *Alfred J. Goedecker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha Ave*

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.