S. No. 2
OM—2-43
v. 5-17-39
F-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6778

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 80

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 739 Perry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 43 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 739 Perry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Koeppel
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 18th 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Egypt Mills Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace " (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace " (City, town, or county) 0 (State or foreign country)
16. (a) Informant August Koeppel
(b) Address Cape Girardeau Mo
17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 2-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont
18. (a) Signature of funeral director J. Howell
(b) Address Cape Girardeau Mo
19. (a) 3-1-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1944 hour 12 minute 05 p M.
21. I hereby certify that I attended the deceased from Jan 1 1943 to Feb 13 1944 that I last saw him alive on Feb 11 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Valvular heart disease — Duration 18 mos
Valvular
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. O. Burns (M. D. or other)
Address Cape Girardeau Mo Date signed 2-16-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 344-354
Date Filed 3-9-44

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 W. H. Eestes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau Mo

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.