

FILED MAR 5 1945

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **991**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6227 Southwood
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard A. Eppenberger

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh. 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 February 6, 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Richmond Heights, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name Chas. Eppenberger
13. Birthplace St. Paul, Minn.
(City, town, or county) (State or foreign country)
14. Maiden name Marie Giere
15. Birthplace Detroit, Mich.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. Eppenberger

(b) Address 6227 Southwood, St. Louis, Mo.

17. (a) Burial (b) Date thereof 2-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Church, York

18. (a) Signature of funeral director James Cullinane
(b) Address 831 E. Big Bend Blvd., Greves

19. (a) FEB 20 1945 (b) E. J. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1945 hour 1 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 4 1945 to Feb 10 1945
that I last saw him alive on Feb 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Immature Premature

Due to _____
1 No Premature

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
159

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)
(a) Signature W. H. ... (M. D. or D. O.)
(b) Address Mo. ... Date signed 2-15-45

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

6
8
3

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

John Agonoski

Licensed Embalmer No.....

3398

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.