. S. No. 2
OM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 617

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10643

Primary Registration District No. 3063

Registrar's No. 678

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-21-45 to 3-11-45 (Specify whether

In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Normandy, Mo. (If outside city or town limits, write "RURAL") 9 1/4

(d) Street No. 7516 A Florissant (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME KLOEPFER, FRED.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 1

5. Color or race white

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

6. (b) Name of husband or wife Elsie Kloepfer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased 8 (Month) 26 (Day) 82 (Year)

8. AGE: Years 62 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Cherry Station (City, town, or county) Illinois (State or foreign country)

10. Usual occupation unemployed

11. Industry or business —

FATHER
12. Name Jacob Kloepfer
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Emma Reidker
15. Birthplace Herman (City, town, or county) Mo (State or foreign country) 1

16. (a) Informant Elsie Kloepfer (wife)

(b) Address 7516 A Florissant, Normandy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 14 1945 (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS

18. (a) Signature of funeral director Pevost Und Co

(b) Address 3710 N. Grand Blvd.

19. (a) MAR 14 1945 (Date received local registrar) (b) E. G. McGowan (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1945 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from ~~March 9~~ Feb 21, 1945, to March 11, 1945, that I last saw him alive on March 11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death post operative death	
Due to operation for removal of neck metastases of squamous	
Due to cell carcinoma of tongue	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Squamous cell carcinoma

Of autopsy 45 P

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 David H. Tinnud (M. D. or other) M. D.

Address St. Louis County Hosp. Date signed 3/11/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1946.

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 A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.