

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 41596
Registrar's No. 11291

Registration District No. 318

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town ST LOUIS
(c) Name of hospital or institution: Pronounced dead upon arrival at City Hospital
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County.....
(c) City or town ST LOUIS
(d) Street No. 213 So 3rd St
(e) Citizen of foreign country?.....
If yes, name country.....

3: (a) PRINT FULL NAME FRANK KOERPER
3. (b) If veteran, name war.....
3. (c) Social Security No. 489-10-8854

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced, MARRIED
6. (b) Name of husband or wife HENRIETTA KOERPER
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased MAR 15 1875

8. AGE: Years Months Days If less than one day
73 9 12 hr. min.

9. Birthplace ST LOUIS MO

10. Usual occupation RETIRED UPHOLSTERER

11. Industry or business 1

12. Name FRANK KOERPER
13. Birthplace UNKNOWN
14. Maiden name MARY QUELTMAN
15. Birthplace UNKNOWN

16. (a) Informant IRENE KOEPER
(b) Address 5214 W. BEEGE RD

17. (a) BURIAL (b) Date thereof DEC 30-1948
(c) Place: burial or cremation ST PETER & PAUL CH.

18. (a) Signature of funeral director Wm J. Robert L. + U.S.
(b) Address 1905 So Grand Blvd.

19. (a) DEC 29 1948 (b) J. D. Lashley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 28, year 1948 hour 6:10 minute A. M.
21. I hereby certify that I attended the deceased from.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration.....

Due to.....
Due to.....

Other conditions (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?.....
(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 3
23. Signature Thomas T. Callahan (M. D. or other).....
Address Carroll Date signed 12-29-48

[Handwritten mark]

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 *J. Allen Davis Jr.*
Licensed Embalmer No. *4053*
P. O. Address *St. Louis, 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.