

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

W 236

FILED APR 23 1949

State File No. 14452

269

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MANCHESSER		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION PINE CREST NURSING HOME		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,	
f. STREET ADDRESS _____		g. (If rural, give location) 4621 SACRAMENTO AVE	
3. NAME OF DECEASED (Type or Print) HERMAN		a. (First)	b. (Middle) KEPPLER
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MARCH 15, 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Nov 27 1885
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED GARDNER	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME HERMAN KEPPLER	
14. MOTHER'S MAIDEN NAME CATHERINE SONTAG		15. NAME OF HUSBAND OR WIFE _____	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		17. SOCIAL SECURITY NO. None	
18. INFORMANT'S SIGNATURE OR NAME JOSEPH KEPPLER		19. ADDRESS 4621 SACRAMENTO AVE	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemiplegia			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hyperlexion			
DUE TO (c) 33 1/2 y 5m			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 2, 1949 , to March 15, 1949 , that I last saw the deceased alive on Jan 19, 1949 , and that death occurred at 6:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) A. T. Merlin M.D.		23b. ADDRESS 3507 Poloma	
23c. DATE SIGNED 3-15-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 18, 1949	
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI	
DATE REC'D BY LOCAL REG. 3-17-49		REGISTRAR'S SIGNATURE Theresa L. ...	
25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL		ADDRESS 4600 NATURAL BRIDGE AVE	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.