

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10665

318

1003

State File No.

Registrar's No. 2950

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5861 Nina Place		d. STREET ADDRESS (If rural, give location) 5861 Nina Place	

3. NAME OF DECEASED a. (First) ALVER b. (Middle) H. c. (Last) KERPER			4. DATE OF DEATH Mar. 25 1950 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 28, 1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 7 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Anatomist		11. BIRTHPLACE (State or foreign country) New Vienna, Iowa	
13a. FATHER'S NAME Jacob Kerper		13b. MOTHER'S MAIDEN NAME Mary Ann Meyer		14. NAME OF HUSBAND OR WIFE Helen Kerper	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Kerper, 5861 Nina Pl.		ADDRESS St. Louis
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 min. 2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) Pulmonary Edema		
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 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) 4201
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 3/25, 1950 to _____, 19____, that I last saw the deceased alive on 3/25, 1950 and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. R. Shrader (Degree or title)	23b. ADDRESS 3720 Washington Blvd	23c. DATE SIGNED 3/26/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/29/50	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
DATE REC'D BY LOCAL REG. MAR 29 1950	REGISTRAR'S SIGNATURE J. B. Parater	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc., Kirkwood, Mo.		ADDRESS

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

2950
MAY 10 1950

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

Peter B. Dubrovnik

Licensed Embalmer No.

3691

P. O. Address

Richmond Heights, N.J.

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.