

STANDARD CERTIFICATE OF DEATH

BIRTH NO. #111704 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5744

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119
d. STREET ADDRESS (If rural, give location) 3825 Lincoln 0

3. NAME OF DECEASED (Type or Print)
a. (First) STEVE
b. (Middle)
c. (Last) KEPPEL

4. DATE OF DEATH (Month) (Day) (Year)
July 2nd, 1950

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1-3-1875

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 1 HOUR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paint Maker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Austria 4

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Stephan Keppel

13b. MOTHER'S MAIDEN NAME Mary Hoffer

14. NAME OF HUSBAND OR WIFE Anna Keppel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Keppel 3825 Lincoln

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Arteriole Nephrosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?
YES NO

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from 5/23/50, 19, to 7/2/50, 19, that I last saw the deceased alive on 7/2/50, 19, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE F. J. Cotterman M.D. (Degree or title)

23b. ADDRESS 1515 Lafayette Ave.,

23c. DATE SIGNED 7/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-5-1950

24c. NAME OF CEMETERY OR CREMATORY Calvary

24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. 1950 JUL 3 REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edu Koch + Son 3516 N. 14th

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

J. Allen Davis

Signed.....

Student Embalmer

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.