S. No. 300
v. 10.48

FILED NOV 17 1950
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38900

State File No. 9479

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Mo.
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: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2219
d. STREET ADDRESS (If rural, give location): ~~1800 Cole St.~~ 0

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): JOHN
c. (Last): PAEPER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 5th,1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 5,1884
9. AGE (In years last birthday): 66 — If under 1 year: Months 7, Days 0 — If under 24 hrs.: Hours 0, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: St. Louis Envelope Co.
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Gus Paeper
13b. MOTHER'S MAIDEN NAME: Otille O'Keff
14. NAME OF HUSBAND OR WIFE: Esther Herron Paeper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Herron Paeper
ADDRESS: 1800 Cole

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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?

4201

22. *I hereby certify that I attended the deceased from* 11/2/50 *19*____, *to* 11/5/50, *19*____, *that I last saw the deceased alive on* 11/5/50, *19*____, *and that death occurred at* 4:20pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Kinam MD
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 11/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8,1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope
24d. LOCATION (City, town, or county) (State): Belleville,St.Clair Ill.

DATE REC'D BY LOCAL REG. NOV 8 1950
REGISTRAR'S SIGNATURE: J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: KURRUS FUNERAL HOME E.ST.LOUIS, ILL.

(Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3162

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.