

S. No. 300
V. 10-48-

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3421

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 220	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY OR TOWN DesPeres		c. LENGTH OF STAY (In this place) 2 da.		c. CITY OR TOWN Maplewood 4544			
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Nursing Home				d. STREET ADDRESS (If rural, give location) 7485 Hazel Ave. 1			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) JOHN		b. (Middle) F		c. (Last) STOEPPELMAN	
4. DATE OF DEATH 1-24-1951							
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 6-16-1863	
						9. AGE (In years last birthday) 87	
						10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hauling Business	
						10b. KIND OF BUSINESS OR INDUSTRY	
						11. BIRTHPLACE (State or foreign country) Berger, Mo.	
						12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Casper Stoepelman		13b. MOTHER'S MAIDEN NAME Johanna Unknown		14. NAME OF HUSBAND OR WIFE Frieda Stoepelman			
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 ADDRESS Alva H Stoepelman, 114 W. Clinton, Kirkwood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				INTERVAL BETWEEN ONSET AND DEATH years	
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		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. General Arteriosclerosis				years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
		4221					
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)		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 1-2-1951, to 1-24-1951, that I last saw the deceased alive on 1-24-1951, and that death occurred at 9:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Vincent Townsend MD (Degree or title)				23b. ADDRESS 3101a Sutton Ave.		23c. DATE SIGNED 1-25-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-26-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Ceme.		24d. LOCATION (City, town, or county) (State) St. Louis Co., MO.	
DATE REC'D BY LOCAL REG. 1-26-51		REGISTRAR'S SIGNATURE Herbert R Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith, Maplewood 17, Mo.			

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

4000
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AWR (Licensed Embalmer's Statement on Reverse Side)

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. P. Burgess

Signed.....
Student Embalmer

Licensed Embalmer No. *4029*

P. O. Address. *Maplewood*

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.