No. 300
10-48

FILED NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40232
State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3640

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) AFFTON
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) 9624 GRAVOIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
d. STREET ADDRESS (If rural, give location) 733 Dallas Dr.

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

4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 13 1897
9. AGE (In years last birthday) 53 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Appliance Rep. Man
10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.
11. BIRTHPLACE (State or foreign country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Groepper
13b. MOTHER'S MAIDEN NAME Frances Dirk
14. NAME OF HUSBAND OR WIFE Beatrice

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. 492-03-7918
17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Groepper **ADDRESS** 733 Dallas Dr.

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 Occlusion
DUE TO (b) Arteriosclerosis
DUE TO (c)

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

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

INTERVAL BETWEEN ONSET AND DEATH
Yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
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?

22. *I hereby certify that I attended the deceased from* Jan, 1947, *to* Nov, 1951, *that I last saw the deceased alive on* 30 Oct, 1951, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. A. Nester MD
23b. ADDRESS 5600 S. Compton
23c. DATE SIGNED 11-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-9-1951
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. 11-8-51
REGISTRAR'S SIGNATURE Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. **ADDRESS** 7128 Michigan

(Licensed Embalmer) (See 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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed John Ketter

Licensed Embalmer No. 3880

P. O. Address.....

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.