

S. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2996
Registrar's No. 0050

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PASADAKE HILLS</u> 4170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LOU PAUL HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3983 ROLAND</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>F</u> c. (Last) <u>KLOPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 2- 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG 23 1895</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Peter Muhlmann</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA REARD</u>	
14. NAME OF HUSBAND OR WIFE <u>WM F KLOPPER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <u>Wm F. Klopper, Pasadena Hills</u>		ADDRESS <u>3983 Roland</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophic Cirrhosis of Liver.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastro-intestinal Hemorrhage 3 days</u>		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u> 3810	

22. I hereby certify that I attended the deceased from 2-20, 1951, to 1-2, 1952, that I last saw the deceased alive on 1-2, 1952, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Stachle</u> (Degree or title)		23b. ADDRESS <u>7124 Natural Bridge</u>		23c. DATE SIGNED <u>1-3-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JAN 4 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cullen Kelly</u>		ADDRESS <u>4386 Lindell</u>	
DATE REC'D BY LOCAL REG. <u>JAN 4 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>			

JUL 2 1957

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 James A. Lammer

Licensed Embalmer No. 4442

P. O. Address St. Louis

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.