

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16705**

FILED APR 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6078** Registrar's No. **32**

0950  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Genevieve</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Genevieve</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Festus - Rural Jackson</b>		c. CITY OR TOWN <b>Festus</b>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1 on K Highway 0950</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 1 on K Highway</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ferdinand</b>	b. (Middle) <b>-----</b>	c. (Last) <b>Schepp Sr.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 17, 1892</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 4 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Framer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Schepp</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mamafe</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mamie Schepp</b>	ADDRESS <b>Rt. 1 Festus, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Sclerosis</b>		<b>1 yr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b>		<b>2 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **Feb 2, 1953**, to **April 11, 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **9:30 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Arthur E. Spangler M.D.</b>	23b. ADDRESS <b>560 Genevieve Ave</b>	23c. DATE SIGNED <b>4-13-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>April 12, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>2000 Lemay Ferry Rd. Lemay, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 19, 1953</b>	REGISTRAR'S SIGNATURE <b>Luille Baker 4515</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoimelster U. &amp; L. Co.</b>	ADDRESS <b>7814 S. Broadway St. Louis, Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *Louis C Hoffmeister*

Licensed Embalmer No..... 3871

P. O. Address *7814 S. Brown*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.