. No. 300
. 10.48

FILED JUL 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27366

BIRTH NO. ______ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 52

1. PLACE OF DEATH
a. COUNTY: STE GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE
c. LENGTH OF STAY (in this place): 6 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): STE. GENEVIEVE RR # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE 095
d. STREET ADDRESS (If rural, give location): RR # 2

3. NAME OF DECEASED (Type or Print)
a. (First): BERNARD b. (Middle): c. (Last): DOEPKE

4. DATE OF DEATH (Month) (Day) (Year): JULY 20 1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: FEB 14 1889
9. AGE (In years last birthday): 64 | 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): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: INT. SHOE FACTORY
11. BIRTHPLACE (State or foreign country): BREMEN - GERMANY 4
12. CITIZEN OF WHAT COUNTRY? GERMANY

13a. FATHER'S NAME: FREDERICK H. DOEPKE
13b. MOTHER'S MAIDEN NAME: ELISE FOCKE
14. NAME OF HUSBAND OR WIFE: BERTHA DASHLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 489-05-6443
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: BERNAD DOEPKE 3621 PENNSYLVANIA ST LOUIS MO

MEDICAL CERTIFICATION

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.*

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) Chronic Myocarditis
DUE TO (c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: Instant death

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 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* March, 1953, *to* July 20, 1953, *that I last saw the deceased alive on* July 2, 1953 *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: July 21 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JULY 23 1953
24c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING
24d. LOCATION (City, town, or county) (State): STE GENEVIEVE MO

DATE REC'D BY LOCAL REG.: July 23, 1953
REGISTRAR'S SIGNATURE: Lucille Basler 481-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Leo Basler Ste Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1953

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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_____

_____,

working under my personal supervision.

Student Embalmer No.....

Signed Adrian J. Ohler

Signed.....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.