

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 536

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN University City
c. LENGTH OF STAY (in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 6725 Bartmer Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 6725 Bartmer Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) LOUIS b. (Middle) J. c. (Last) KUPFERLE
4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 4, 1880 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR 9 Months IF UNDER 24 HRS. 25 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Building Supplies
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis F. Kupferle 13b. MOTHER'S MAIDEN NAME Emma Trorlicht 14. NAME OF HUSBAND OR WIFE Eugenia Kupferle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 490-12-1729
17. INFORMANT'S SIGNATURE OR NAME Mrs. Eugenia Kupferle ADDRESS University City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Arteriosclerotic Heart Disease*
INTERVAL BETWEEN ONSET AND DEATH 1 yr.
*This does not mean the mode of dying, such as heart failure, asthma, 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.

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION 4200
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 *Sept 3*, 1953, to *Aug 29*, 1955, that I last saw the deceased alive on *Aug 12*, 1955, and that death occurred at *7:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE *Greg N. Magness M.D.* (Degree or title) 23b. ADDRESS *University City (5) Mo* 23c. DATE SIGNED *Aug 30-1955*

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8/31/55 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 8/30/55 REGISTRAR'S SIGNATURE *Hubert R. Domba M.D.* 25. FUNERAL DIRECTOR'S SIGNATURE *Louis H. Popp Inc. Keithwood Mo.* ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
102-4400

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..... *Felix Howard*

Licensed Embalmer No.. *308*

P. O. Address *Kankakee*

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.