

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21947**
Registrar's No. **5569**

FILED JUN 25 1956

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Jewish Hospital** e. STREET ADDRESS (If rural, give location) **6000 Scanlon Ave.**

3. NAME OF DECEASED a. (First) **Edward** b. (Middle) _____ c. (Last) **Kuper** 4. DATE OF DEATH (Month) (Day) (Year) **June 10, 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **9-9-1874-1875** 9. AGE (In years last birthday) **80** 10. IF UNDER 1 YEAR Months _____ Days _____ 11. IF UNDER 2 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Hotel** 11. BIRTHPLACE (City and State or Foreign Country) **East St. Louis, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Wilhelm C. Kupper** 13b. MOTHER'S MAIDEN NAME **Elizabeth Bollman** 14. NAME OF HUSBAND OR WIFE **Margaret Kuper**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No.** 16. SOCIAL SECURITY NO. **Nil.** 17. INFORMANT'S SIGNATURE OR NAME **Ray Kuper** ADDRESS **4455 Castleman Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia** INTERVAL BETWEEN ONSET AND DEATH **3 weeks**

*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 DUE TO (b) **Chronic pyelonephritis** **10 years**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Chronic pulmonary emphysema** **20 years**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **600.0** 20. AUTOPSY? YES NO

21a. ACCIDENT (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) _____ 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 **May 31, 1956**, to **June 10, 1956**, that I last saw the deceased alive on **June 10, 1956**, and that death occurred at **7:45 P m.**, from the causes and on the date stated above.

23a. SIGNATURE **C. S. Braverman** (Date and title) _____ 23b. ADDRESS **The Jewish Hospital of St. Louis** 23c. DATE SIGNED **11 June 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **6-13-56** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, County, Mo.**

DATE REC'D BY LOCAL REG. **JUN 11 1956** REGISTRAR'S SIGNATURE **Charles Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert H. Hoppe** ADDRESS **4700 Washington**

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

County of St. Louis

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 *Stanley H. Dixon*

Licensed Embalmer No. *419*

P. O. Address *S. R.*

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.