

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14924**  
Registrar's No. **3335**

FILED MAY 1 - 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

S. No. 300  
V. 10.48

|                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                                                    |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                                                                                                                                                                                                  |                                                                                                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>St. Louis</b>                             |                                                                                     |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>                                                                                                                                                                                        |                                                                                                               | c. CITY OR TOWN<br><b>Richmond Heights</b><br>d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                                                                     |
| c. LENGTH OF STAY (in this place)<br><b>3-weeks</b>                                                                                                                                                                                                                             |                                                                                                               | e. STREET ADDRESS (If rural, give location)<br><b>7425 Dale Ave.</b>                                                                                                               |                                                                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>Deaconess Hospital</b>                                                                                                                                       |                                                                                                               |                                                                                                                                                                                    |                                                                                     |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><b>Oliver</b><br>b. (Middle)<br><b>M</b><br>c. (Last)<br><b>Kupferle</b>                                                                                                                                                |                                                                                                               | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>April 5th. 1957</b>                                                                                                                 |                                                                                     |
| 5. SEX<br><b>M.</b>                                                                                                                                                                                                                                                             | 6. COLOR OR RACE<br><b>W.</b>                                                                                 | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>                                                                                                           | 8. DATE OF BIRTH<br><b>Oct. 7th. 1885</b>                                           |
| 9. AGE (In years last birthday)<br><b>71</b>                                                                                                                                                                                                                                    | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis Missouri</b>                                                                                                    | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |
| 13a. FATHER'S NAME<br><b>Louis Kupferle</b>                                                                                                                                                                                                                                     | 13b. MOTHER'S MAIDEN NAME<br><b>Emma Trorlicht</b>                                                            | 14. NAME OF HUSBAND OR WIFE<br><b>Gertrude B. Kupferle (Deceased)</b>                                                                                                              |                                                                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>yes</b>                                                                                                                                                                                                 | 16. SOCIAL SECURITY NO.<br><b>W.W. #1 497-09-6637</b>                                                         | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Estelle Koetter 6208 Rosebury</b>                                                                                             |                                                                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                                  |                                                                                                               |                                                                                                                                                                                    | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 yrs.</b>                                   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of the prostate</b><br>DUE TO (c)      |                                                                                                               |                                                                                                                                                                                    |                                                                                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                                                                             |                                                                                                               |                                                                                                                                                                                    |                                                                                     |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                          | 19b. MAJOR FINDINGS OF OPERATION<br><b>177x</b>                                                               |                                                                                                                                                                                    | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) (Min)                                                                                                                                                                                                                           | 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 <b>3-22-</b> , 19 <b>57</b> , to <b>4-5-</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>4-5</b> , 19 <b>57</b> , and that death occurred at <b>4 p.m.</b> , from the causes and on the date stated above. |                                                                                                               |                                                                                                                                                                                    |                                                                                     |
| 23a. SIGNATURE<br><i>[Signature]</i>                                                                                                                                                                                                                                            |                                                                                                               | 23b. ADDRESS<br><b>M. D. 714 University Club Building</b>                                                                                                                          | 23c. DATE SIGNED<br><b>4-6-57</b>                                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>                                                                                                                                                                                                                      | 24b. DATE<br><b>4-8-1957</b>                                                                                  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>                                                                                                                      | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>          |
| DATE REC'D BY LOCAL REG.<br><b>APR 8 '57</b>                                                                                                                                                                                                                                    | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>                                                                   |                                                                                                                                                                                    | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>3840 Lindell Blvd.</b>               |

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

(Licensed Embalmer's Statement on (Reverse Side))

**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 *Francis Williams*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lulu*.....

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.