

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42878

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2915

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-57
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1. PLACE OF DEATH a. COUNTY St. Louis County				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital		Length of stay in lb DOA		STREET ADDRESS (If outside, give location) 7248 Arsenal		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle M Last Kupferer				4. DATE OF DEATH Month 11 Day 19 Year 1957				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-2-33		
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 24 Days		IF UNDER 24 HRS. Hours 24 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apr. lineman			10b. KIND OF BUSINESS OR INDUSTRY electric		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Kupferer			13b. MOTHER'S MAIDEN NAME Anna Vlah Kupferer			14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 7-1953-5-1955			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT William Kupferer Sr. St Louis Mo. Address 7248 Arsenal			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia, compatible with electric current Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 9145		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED.. (Enter nature of injury in PART I or PART II of item 18.) Subject was getting some tools from truck when boom					
20c. TIME OF INJURY Hour 1:35 p.m. Month, Day, Year 11/19/57			on truck came in contact with high voltage wire knocking him to the ground					
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4530 Lemay Ferry Rd.		20f. CITY, TOWN, OR LOCATION Lemay		COUNTY St. Louis STATE Mo.		
21. I attended the deceased from _____ to 27 and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>James W. Lane</i> (Degree or title) Coroner				22b. ADDRESS Clayton 5, Missouri		22c. DATE SIGNED 11/26/27		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-23-57		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		23d. LOCATION (City, town, or county) (State) Lemay Mo		
24. FUNERAL DIRECTOR Edward Fendler 5611 So. Grand				25. DATE RECD. BY LOCAL REG. 11-21-57		26. REGISTRAR'S SIGNATURE <i>Hubert R. Donko MD</i>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUL 17 1958

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

Licensed Embalmer No. 4950

P. O. Address St. Louis

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.