

Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016733
STATE FILE NUMBER

FILED MAY 14 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1140

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis 2099 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
37 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Hilltop Nursing Home		Length of stay in lb 5 days 9	d. STREET ADDRESS (If outside, give location) 4117 N. 20th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOHN J. KOPFENSTEINER, SR.			4. DATE OF DEATH Month April Day 24 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Soap Mfg.	11. BIRTHPLACE (City and state or country) Austria
13a. FATHER'S NAME Joseph Kopfensteiner		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE deceased Johanna Kopfensteiner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Harry Kopfensteiner, 2150 Uceyle Address Overland, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HAEMORRHAGE (RIGHT) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ARTERIO-SCLEROSIS DUE TO (c) 331X			INTERVAL BETWEEN ONSET AND DEATH 24 HRS. unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JUN 21 1958 to APRIL 24 1958 and last saw him alive on APRIL 24 1958 Death occurred at 10:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Farley, M.D. (Degree or title)		22b. ADDRESS 6623 Lullwater, St. Louis, Mo	
22c. DATE SIGNED 4-25-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Stock Mortuary, 2117 E. Grand Blvd.		25. DATE RECD. BY LOCAL REG. 4-25-58	26. REGISTRAR'S SIGNATURE Herbert G. Danke, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Paul R. Wachter*

Licensed Embalmer No. *4287*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.