

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041472

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10725

300

-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Affton <i>4828</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>38</i> City Hospital		Length of stay in lb DOA	d. STREET ADDRESS (If outside, give location) 7108 Heege Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOHN A. DOEPKE			4. DATE OF DEATH Month Day Year November 5, 1958		
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1894	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Retail Bakery	11. BIRTHPLACE (City and state or country) Prairietown, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Doepke		13b. MOTHER'S MAIDEN NAME Frieda Von Dissen		14. NAME OF HUSBAND OR WIFE Mrs. Stella Weber Doepke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, state branch or service) Yes <i>World War I</i>		16. SOCIAL SECURITY NO. 495-26-5260	17. INFORMANT Mrs. Stella K. Doepke, 7108 Heege Road		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute coronary thrombosis</i> DUE TO (b) <i>arteriosclerotic Heart Disease</i> DUE TO (c) <i>420.0</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>unknown</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Previous myocardial infarction fine unknown</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <i>6-28-57</i> to <i>11-5-58</i> and last saw her alive on <i>10-21-58</i> Death occurred at <i>11:45 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Arthur K. Fairbairn</i> (Degree or title)			22b. ADDRESS <i>7500 Desandine</i>		22c. DATE SIGNED <i>11-7-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Beiderwieden F.H. Inc. 1936 St. Louis			25. DATE RECD. BY LOCAL REG. NOV 8 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> <i>mjs</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1500
Jm i 7-0445
until 4:30 P.m. shows
April 4 P.M. Friday

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 Homer W. Drutz

: Licensed Embalmer No. 3882
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.