

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039570

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2964

FILED NOV 8 1961

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bellefontaine Neighbors | | Length of stay in 1b ---YRS--- | c. CITY OR TOWN Bellefontaine Neighbors |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1212 Jennings Road | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1110 Astoria Drive, 37 |
| 3. NAME OF DECEASED (Type or print) First CHARLES Middle F. Last KROEPEL | | | 4. DATE OF DEATH Month October Day 22nd Year 1961 |
| 5. SEX Male | 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. 28, 1918 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant | | 10b. KIND OF BUSINESS OR INDUSTRY Accounting | 9. AGE (last birthday) 42 |
| 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Charles A. Kroepel | | 13b. MOTHER'S MAIDEN NAME Clara Anna Schrage | 14. NAME OF HUSBAND OR WIFE Effie A. Kroepel |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2 | | 17. INFORMANT Address Effie Kroepel, 1110 Astoria Dr., 37 | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) | | | INTERVAL BETWEEN ONSET AND DEATH Immediate abt. 6yrs. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <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 1-29-54 , to 10-22-61 and last saw ^{him} alive on 10-16-61 Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Russell Underhill, Md.</i> | | 22b. ADDRESS 216 Northland Med. Bldg. | 22c. DATE SIGNED 10-23-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10-28-61 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri. | | 25. DATE RECD. BY LOCAL REG. 10-23-61 | 26. REGISTRAR'S SIGNATURE <i>John C. M... [Signature]</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

John A. Mlinar

Licensed Embalmer No. 4486

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.