

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043154

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3264 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in lb 3 days
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS Co. Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI COUNTY ST. LOUIS
 c. CITY OR TOWN Overland Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2324 Spencer Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Hepperman 4. DATE OF DEATH Month Day Year 11-19-61

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Unknown 9. AGE (last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Odd Jobs 10b. KIND OF BUSINESS OR INDUSTRY Odd Jobs 11. BIRTHPLACE (City and state or country) Josephville Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Godfrey Heppermann 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Catherine Heppermann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Address Edward Heppermann ST. Peters 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) Bronchopneumonia + Pulmonary abscess, left
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic obstructive emphysema
 DUE TO (c) _____
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 11-4-61 to 11-19-61 and last saw him alive on 11-19-61
 Death occurred at 2:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Heave MD 22b. ADDRESS 601 So. Brentwood Clayton 5, Mo. 22c. DATE SIGNED 11/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 11-21-61 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) ST. LOUIS Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur C. Bave Funeral Home ST. Charles, Mo. 25. DATE RECD. BY LOCAL REG. 11-19-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 Arthur C. Bane

Licensed Embalmer No. 3151

P. O. Address St. Charles, 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.