MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-006975
STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 29

AMENDED

FILED FEB 19 1962

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-MERAMEC
Length of stay in 1b 4yr. 9mos. 200days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INFIRMARY
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN LADUE
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 21 CONWAY LA. (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OSCAR Middle F. Last SCHEPMAN
4. DATE OF DEATH Month FEBRUARY Day 9 Year 1962
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6/20/1897
9. AGE (last birthday) 64
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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY OWNED CITIES CO.
11. BIRTHPLACE (City and state or country) EVANSVILLE, IND.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME HUGO SCHEPMAN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE FRANCES AGNES CHAPMAN
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 BROTHER LEONARD. ST. JOSEPH'S HILL INFIRMARY Address EUREKA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenza
INTERVAL BETWEEN ONSET AND DEATH 12 hours
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)
Generalized arteriosclerosis with marked cerebral involvement
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 4/27/1957, to 2/9/1962 and last saw him alive on 2/8/62
Death occurred at 2:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Patrick C. Hagan (Degree or title) MD
22b. ADDRESS 2623 Telegraph Rd St Louis 25
22c. DATE SIGNED 2/10/62
23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 2/12/62
23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory
23d. LOCATION (City, town, or county) St Louis County (State) Mo.
24. FUNERAL DIRECTOR Lupton, E.R. ADDRESS 7233 Delmar
25. DATE RECD. BY LOCAL REG. 2-12-62
26. REGISTRAR'S SIGNATURE Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

FEB 19 1962

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.