

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11752 -62-044079

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 67 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2401 N. Broadway Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last EUGENE JACOB CLEPPER
 4. DATE OF DEATH Month Day Year DEC. 5 1962
 5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 6/13/1890 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant 10b. KIND OF BUSINESS OR INDUSTRY Restaurant 11. BIRTHPLACE (City and state or country) Troy Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.
 13a. FATHER'S NAME Clepper 13b. MOTHER'S MAIDEN NAME Emma Goeckler 14. NAME OF HUSBAND OR WIFE Lala May Bittner Clepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Mrs. Lala May Clepper 2401 N. Broadway

18. CAUSE OF DEATH (Enter only one cause per line)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction 2 days
 DUE TO (b) Arteriosclerotic heart disease
 DUE TO (c) 4200
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriole nephrosclerosis
 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 _____ 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 July 19 1960 to Dec 5, 1962 and last saw him alive on Dec. 4, 1962.
 Death occurred at 7:03 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Birdle Eck M.D. 22b. ADDRESS 950 Francis Pl 22c. DATE SIGNED Dec. 6 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL. 23b. DATE 12/8/1962 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery, St. Louis, Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Calvin F. Feutz 4828 Natural Bridge 25. DATE RECD. BY LOCAL REG. DEC 8 - 1962 26. REGISTRAR'S SIGNATURE ROAN SMITH, M.D.

VS 300 Rev. 4/59

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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Dr. Birkle Eck.
950 Francis Pl.
Pa. 6 2828 Je.3 5858

Hrs. 9-11 1-2 Daily

City

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 *Robert E. Mahler*

Licensed Embalmer No. 4916

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.