WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 16672

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 4789

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St Louis (No. 601 Dover Place St. ..... Ward)

2. FULL NAME Martin Schoepf

(a) Residence. No. 601 Dover Place St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine nee Munzlinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24th 1842

7. AGE: Years 86 | Months 10 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Martin Schoepf
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Christine Schobert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs H. C. Thielecke
(Address) 601 Dover Place

15. FILED 26 1929 Max C Parker Jr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1927, to April 25, 1929 that I last saw his alive on April 25, 1929, and that death occurred, on the date stated above, at 1:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82C
82A
(duration) 2 yrs. 4 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
myocarditis chronic (duration) 8 yrs. 8 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Blood pressure & etc
(Signed) W E Holdinned, M. D
4/25, 192 (Address) 4500a Virginia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New St Marcus
DATE OF BURIAL: 4/27 — 1929

20. UNDERTAKER: Witt Bros L & U Co 2929 So. Jefferson
ADDRESS

10-10-102