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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29701

State File No.

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 1467

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
123 Crescent Avenue 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits write "RURAL")

(d) Street No. 123 Crescent Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mr. Emil W. Schaperkotter

3. (b) If veteran, name war ---

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Schaperkotter

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 22, 1876
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	9	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Railroad Clerk

11. Industry or business Mo. Pac. R. R.

FATHER
12. Name Louis Schaeperkoetter 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophie Farwig
15. Birthplace Washington (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs Louise Schaperkoetter
(b) Address 123 Crescent Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Biederwieden Funeral Home
(b) Address 1936 St. Louis

19. (a) AUG 3 - 1940 (Date received local registrar) (b) D. R. Meyer MD Dr PH (Registrar's signature) LB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1940 hour 10 minute 00 P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary occlusion	
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? no (e) Means of injury

23. Signature John O Connell (M. D. or Stamp) 5
Address Coroner of St. Louis Co. Date signed 8/2/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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 this body is not embalmed, above space should be left blank.