

FILED APR 8 1942 91

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
IN GARAGE AT 8611 TARA LANE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NIL (Specify whether) 3
In this community 52 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 8611 TARA LANE
(If rural, give location)
(e) Citizen of foreign country? YES NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRED TOERPER

3. (b) If veteran, name war WORLD WAR #1 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HAZEL TOERPER 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased OCT. 4 1899
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation COMMERCIAL ARTISTS

11. Industry or business ASSOCIATED ARTISTS

12. Name ADOLPH TOERPER

13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE JOERMS

15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant HAZEL TOERPER

(b) Address 8611 TARA LANE

17. (a) BURIAL (b) Date thereof 3-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDEN'S CEM

18. (a) Signature of funeral director [Signature]

(b) Address 3934 N. 20th St. St. Louis

19. (a) MAR 17 1942 (b) [Signature]
(Date received in Missouri) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15
year 1942 hour about 7 minute 30 A.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.

Immediate cause of death Carbon Monoxide Poisoning; when deceased was found lying on garage floor near the exhaust pipe of his automobile, in the garage in the rear of his home 8611 Tara Lane, on March 15, 1942, about 8:45 A.M. while suffering from temporary mental aberration.
Other conditions mental aberration.
(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]
Of autopsy [Signature]

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) Suicide
(b) Date of occurrence March 15, 1942
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About home
(Specify type of place) (Specify type of injury)
While at work? _____
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 3/17/42

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

20
17
9

23

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..... *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address..... *5934 Alpha*

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, fact should be so stated above.