

FILED MAR 27 1944 318

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2553

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:
4569 Chouteau
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 73 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 4569 Chouteau
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Emma Schaperkötter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 21, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 6
1944, to Mar 14, 1944
that I last saw him 4 alive on Mar 14, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 5 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation At Home

Immediate cause of death
Acute Cardiac dilatation 7 days
Due to chronic myocarditis 2 yr
Due to chronic bronchitis 26 mo
Other conditions no
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name William Louis Schaperkötter

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophie Farwig

15. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. A. Schaperkötter
(b) Address 6161 McPherson

17. (a) Burial (b) Date thereof March 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) (b) J. Z. Budeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no op

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no accid

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William T. Hirsch (M. D. or other) MD
Address 3500 N Grand Date signed 3/14/44

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

MAR 17 1944

Dr. Wm. T. Hirsch
3500 N. Grand

8-9 1-2 6-7

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 Delis J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 St. Louis

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.