

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

State File No. ....

FILED JAN 11 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11521

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:  
City Hospital # 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

In this community 24 yrs 10 mons 0 Days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1435a Destrahan St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Frank Scheiperpeter

3. (b) If veteran, name war # 2

3. (c) Social Security No. ....

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased 22 1921  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22  
year 1945 hour 10 minute a M.

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

8. AGE: Years Months Days If less than one day

24 10 0 hr. min.

Immediate cause of death.....  
Shot wound of skull & brain self inflicted when found in his home at 1435-a Destrahan St around 8:29 A.M. Dec 21 1945 exact time unknown

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Merchant Marine

11. Industry or business.....

PHYSICIAN

Major findings:  
Of operations.....  
Of autopsy.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Frank Scheiperpeter

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

14. Maiden name Ruth Daley

15. Birthplace East St. Louis ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Scheiperpeter  
(b) Address 1435a Destrahan St.

17. (a) Burial (b) Date thereof 12-29-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart  
(b) Address 2228 St. Louis Ave

19. (a) DEC 28 1945 (b) J. F. Bredeek  
(Date received local registrar) (Registrar signature)

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Dec 21-1945

(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?  
In home  
(Specify type of place)

While at work? (a) Means of injury.....

23. Signature Alfred J. Perry (M. D. or other) 2  
Address Deputy Coroner Date signed 12-28-45

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

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**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..... *Elmer K Padwell* .....

Licensed Embalmer No. .... *4077* .....

P. O. Address.....

**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.**