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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947
#68507

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6458

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1931

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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)

3. (a) PRINT FULL NAME EMIL HUEPPE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color of 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 August 31, 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>5</u>	<u>23</u>	hr. min.

9. Birthplace Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Unknown

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown 7

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

16. (a) Informant Mr. Edmond Koeln

(b) Address 3628 Loughborough

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2-27-47 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.

19. (a) FEB 25 1947 (Date received local registrar)

(b) J. F. Brebeck (Registrar's signature)

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. 3628 Loughborough
Memorial (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th
year 1947 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from 2/24/47, 19....., to 2/24/47, 19.....
that I last saw him alive on 2/24/47, 19.....
and that death occurred on the date and hour stated above

Immediate cause of death Spontaneous rupture of aorta

Due to rupture of aorta

Due to of aorta

Duration

Other conditions (Include pregnancy within 3 months of death) 153

Major findings: Of operations.....

Of autopsy as above

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?.....

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

23. Signature P. Thomas (M. D. 2/24/47)
Address 1515 Lafayette Date signed.....

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

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 J. Wm. Simbley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo

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.