

FILED JAN 25 1951

## STANDARD CERTIFICATE OF DEATH

State File No. ....

3336

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>WELLSTON</u>		c. LENGTH OF STAY (in this place) <u>40 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WELLSTON</u>		30 TOWN <u>4301</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6334 CHATHAM AVE</u>				d. STREET ADDRESS (If rural, give location) <u>6334 CHATHAM AVE</u>			
3. NAME OF DECEASED (Type or Print) <u>FRED</u>		a. (First) <u>FRED</u>		b. (Middle) <u>C.</u>		c. (Last) <u>EPPERS</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 2, 1873</u>	
10a. USUAL OCCUPATION (Give kind of work (done during most of working life, even if retired)) <u>YARD MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COUNTRY CLUB</u>		9. AGE (In years last birthday) <u>77</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>CHRIST. EPPERS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LULLIA TRAVERS EPPERS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-20-5904A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRED EPPERS 6334 CHATHAM AVE</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES <u>Arterio-sclerosis</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>Myocarditis</u>  - DUE TO (c) <u>Cardiac Decongestion</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/16</u> , 1951, to <u>1/18</u> , 1951, that I last saw the deceased alive on <u>1/18</u> , 1951, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. O. Mowrey M.D.</u>				23b. ADDRESS <u>3625 Fair One</u>		23c. DATE SIGNED <u>1/19/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/20/51</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Donker MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cullen Kelly 7267 NATURAL BRIDGE</u>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James G. Lammers

Licensed Embalmer No. 4142

P. O. Address 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.