

No. 300
10.48

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14162
Registrar's No. 801

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson Mo		c. CITY OR TOWN Normandy 21 Mo	
c. LENGTH OF STAY (In this place) 7 months.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Oak Noll Nursing Home.			
e. STREET ADDRESS (If rural, give location) 4214 Breton Drive.			

3. NAME OF DECEASED (Type or Print)	a. (First) BENJAMIN	b. (Middle) F	c. (Last) SCHAPERKOETTER	4. DATE OF DEATH (Month) (Day) (Year) April 7 1955
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH Oct. 17. 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Products Co	10b. KIND OF BUSINESS OR INDUSTRY Brch. Mgr. retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Schaperkoetter	13b. MOTHER'S MAIDEN NAME Elizabeth Guerdemann	14. NAME OF HUSBAND OR WIFE Louise Schaperkoetter, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Mogler-daughter	ADDRESS 4214 Breton Dr Normandy 21 Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema right foot		2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardis-Vascular disease		unknown
DUE TO (c) Arteriosclerotic (Senile) dementia		unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept 4, 1954** to **April 7, 1955**, that I last saw the deceased alive on **April 6, 1955**, and that death occurred at **8:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann M.D.	23b. ADDRESS 8231 Clayton Rd (17)	23c. DATE SIGNED 4/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. 4/8/55	REGISTRAR'S SIGNATURE Herbert R. Lombard	25. FUNERAL DIRECTOR'S SIGNATURE Leidner und. Co.	ADDRESS 2223 St. Louis Ave.,
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(Licensed Embalmer's Statement on Reverse Side)

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

8231 Clayton Rd. 3-5 PM 12-1-55

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 412

P. O. Address St. L.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.