

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031012
STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8056

S. 300
1-57

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|---|---------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis 1918 Victor |
| FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1 | | Length of stay in lb 1239 | d. STREET ADDRESS (If outside, give location) 1918 Victor |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED Jacob SUPPER | | | 4. DATE OF DEATH Month Day Year 8-18-58 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH June 30 1881 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain Boats & Barges | | 10b. KIND OF BUSINESS OR INDUSTRY US Engineers | 11. BIRTHPLACE (City and state or country) Germany 4 |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Jacob XXXXXXXX | 13b. MOTHER'S MAIDEN NAME Marie Unknown |
| 14. NAME OF HUSBAND OR WIFE Clara | | 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. — |
| 17. INFORMANT Address Gilbert Grieshaber 3641 Virginia | | 18. CAUSE OF DEATH (Enter only one cause pertaining for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 493x | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | INTERVAL BETWEEN ONSET AND DEATH | |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK. <input type="checkbox"/> AT WORK | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Death occurred at 1:30 | | 8-14-58 to 8-18-58 and last saw her alive on 8-18-58 him A m on the date stated above; and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>W. Reigter M.D.</i> (Degree or title) | | 22b. ADDRESS 1515 LAFAYETTE AVE | |
| 22c. DATE SIGNED 8-18-58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Aug 20 1958 | | 23c. NAME OF CEMETERY OR CREMATORY St. Matthew | |
| 23d. LOCATION (City, town, or county) St. Louis Mo | | (State) | |
| 24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette | | 25. DATE RECD. BY LOCAL REG. AUG 19 58 | |
| 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> A. Boehm | | | |

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joseph Volkmann*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.