

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034667
STATE FILE NUMBER

REG. DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 8879

300
1-57

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.		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		d. STREET ADDRESS (If outside, give location) 4555 Fair Avenue,	
Length of stay in lb 11 Days		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Louis Middle A. Last Schaperkotter			4. DATE OF DEATH Month September Day 13 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 21, 1873	9. AGE (In years last birthday) 85	10. F UNDER 1 YEAR Months	11. F UNDER 24 HRS. Days	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Pres., Schaperkotter Cooperaage	10b. KIND OF BUSINESS OR INDUSTRY Co. Schaperkotter Cooperaage	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Schaperkotter,	13b. MOTHER'S MAIDEN NAME Louise Uthof	14. NAME OF HUSBAND OR WIFE (Deceased). Mrs Minnie C. Schaperkotter
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-07-3329A	17. INFORMANT Miss Lena Jost, Address 4555 Fair Avenue,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 Day
DUE TO (b) Chronic Atherosclerosis		
DUE TO (c) 420-1 F		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of neck of Rt. Femur		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18) Slipped on Kitchen Floor + fell on
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20c. TIME OF INJURY 7:00 p.m. 9, 1958	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Rt Hip
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) St. Louis, Mo.	20g. CITY, TOWN, OR LOCATION St. Louis, Mo.	20h. COUNTY St. Louis, Mo.	20i. STATE Mo.
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21. I attended the deceased from Death occurred at 9/13/58 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	21. I attended the deceased from Aug 5 58 to Sept 13, 58 and last saw him alive on Sept 13-58
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22a. SIGNATURE Francis F. Medler MD	22b. ADDRESS 4114 W Florissant Ave	22c. DATE SIGNED 9/15/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-17-1958	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.
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24. FUNERAL DIRECTOR Math. Hermann & Son Inc., ADDRESS 2161 E. Fair Ave.	25. DATE RECD. BY LOCAL REG. SEP 15 58	26. REGISTRAR'S SIGNATURE Carl Smith MD
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USE ONLY BLACK INK OR RUBBON TYPEWRITE IF POSSIBLE

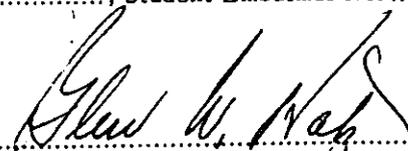
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 3737
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.