MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006774
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1182

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 63 YEARS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 6464 CHIPPEWA STREET
Inside Limits: Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6531 HANCOCK
Reside on Farm: Yes ☐ No ☒ X

3. NAME OF DECEASED (Type or print): First OTTO Middle H. Last NEUPERT
4. DATE OF DEATH: Month FEBRUARY Day 5 Year 1961
5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12/28/1897
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NIGHT ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: HOFFMEISTER MORTUARY
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: RICHARD NEUPERT
13b. MOTHER'S MAIDEN NAME: MARY KOCH
14. NAME OF HUSBAND OR WIFE: JULIA M. NEUPERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.
17. INFORMANT: JULIA M. NEUPERT Address: SEE #2

MEDICAL CERTIFICATION

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 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis & Coronary — 2 mo.
DUE TO (c) Insufficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 December 20, 1960 to Feb 5, 1961 and last saw her/him alive on Feb 5, 1961
Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): John G Matthews MD
22b. ADDRESS: 3707 Watson Rd
22c. DATE SIGNED: 2-6-61
23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 2/9/1961
23c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI
24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY ADDRESS: 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: FEB 6 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. 03 | SHOULD READ | INSTEAD OF | DATE AMENDED 7/2

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Lia C Branson

Signature of Student Embalmer

Licensed Embalmer No. 4764

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.