

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO

PRIMARY REGISTRATION DISTRICT NO

REGISTRAR'S NO

DECEDENT-NAME FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)	
1. JAMES		V.		KLOEPPPEL		2. Male	3. April 17, 1979	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)		AGE - Last Birthday (Yrs.)		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH		
4. White		5a. 71		6. June 1, 1907		7a. St. Louis		
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)				
7b. Chesterfield				7c. St. Lukes Hospital West				
STATE OF BIRTH (If not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES?
8. Missouri		9. U.S.A.		10. Married		11. Mary Fitzgerald		12. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY	
13. 489-03-0138 A				14a. Truck Driver			14b. Lumber	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION AND ZIP CODE		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Missouri		15b. St. Louis		15c. Hazelwood 63042		15d. 1509 Ville Rosa		15e. Yes
FATHER-NAME FIRST MIDDLE LAST				MOTHER MAIDEN NAME FIRST MIDDLE LAST				
16. James Kloeppel				17. Ive				
INFORMANT-NAME (Type or Print)				MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP				
18a. James R. Kloeppel				18b. 1509 Ville Rosa Hazelwood, Missouri 63042				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) DATE				CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		
19a. Burial - April 20, 1979				19b. Memorial Park Cemetery		19c. Jennings, Missouri		
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature) NUMBER				NAME OF FACILITY		ADDRESS OF FACILITY		
20a. Robert Mullen 866				20b. White-Mullen Mortuary		20c. Ferguson, Missouri, 63135		
REGISTRAR				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		21b.		
21a. (Signature)				21b. APR 18 1979				
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				23a. the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.				
(Signature and Title)				(Signature and Title)				
DATE SIGNED (Mo., Day, Yr.)				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
22b. 4-17-79				22c. 9:30 A M		23c. M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				23b. PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)		
22d. DR RAYMOND SUNDERMAN				23d. ON		23e. AT M		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)				MO. LICENSE NO.		IF HOSP OR INST. Indicate DOA, OP, Emer Rm., Inpatient (Specify)		
24a. SHU-SUM CHEUK 5505 DELMAR BLVD ST LOUIS, MO				24b. 33205		25. Inpatient		
26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death				
PART I (a) CARDIO-RESPIRATORY ARREST				minutes.				
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death				
(b) SEPTIC SHOCK				6-10 hrs				
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death				
(c) ASPIRATION PNEUMONIA				12-14 hrs				
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)		
27. Chronic brain syndrome				27. No		28. No		
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		
29a.		29b.		29c. M		29d.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE)		
29e.		29f.		29g.		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
						30. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		

ST. LOUIS COUNTY
DEPARTMENT OF COMMUNITY HEALTH AND MEDICAL CARE
801 So. Brentwood Blvd.
CLAYTON, MISSOURI 63105

(Do not accept if rephotographed or if seal impression cannot be felt.)

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(Chap. 193.380 RSMo 1969)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Division of Health of Missouri. Witness my hand as Registrar of Vital Statistics and the Seal of the St. Louis County Department of Community Health and Medical Care, this date of

John C. Murphy, M.D., Registrar of Vital Statistics
and Associate Director of Primary Health Care

Date JUN 26 1980

Per