STATE FILE NUMBER

124

REGISTRATION DISTRICT NO.	3/7 PRIMAR	Y REGISTRATION DISTRICT N	10. 3an	REGISTRAR'S NO	DUKKKO
DECEDENT-NAME FIRST	MIDDLE	LAST	SEX		ATH (Mo., Day, Yr.)
JAMES	V.	KLOEPPEL	2. Male	3. April	17, 1979
RACE-(e.g., White, Black, American AGE-Last Birthday		and the same of th	H (Mo., Day, Yr.)	COUNTY OF I	
Indian, etc.) (Specify) (Yrs.) 4 White 5a. 71	MOS. DAYS HOU	JRS MINS. 6 June	1, 1907	7a. St.	Louis
CITY, TOWN OR LOCATION OF DEATH		THER INSTITUTION-Name (If n			
7b. Chesterfield	. 6+	Lukes Hospita	1 West		
STATE OF BIRTH/If not in U.S.A., CITIZEN OF WHA	COUNTRY MARRIED NEVE	R MARRIED SURVIVING SE		ame)	WAS DECEDENT EVER IN U
name country)	WIDOWED, DIVO	ACED (Specify)			ARMED FORCES?
8 Missouri 9 U.S.A	10 Marrie	TION (Give kind of wirk done du	y Fitzgerald	BUSINESS OR INDUSTR	12
SOCIAL SECURITY NUMBER		working life, even if retired,			
13 489-03-0138 A		ck Driver		Lumber	INSIDE CITY LIM
RESIDENCE-STATE COUNTY	CITY, TOWN OR	LOCATION AND ZIP CODE	STREET AND NUMBER		(Specify Yes or No
15a Missouri 15b St. L	ouis 15c Hazel	wood 63042	15d 1509 V11		15e Yes
FATHER-NAME FIRST MIDDLE	LAST	MOTHER MA	IDEN NAME FIRST	MIDDLE	LAST
James	Kloeppel	17.	Ive		
INFORMANT - NAME (Type or Print)	MAILING ADDR	ESS STREET OR R		TY OR TOWN	STATE
Towar B Vlacanal	1500	Ville Rosa	Hamalw	ood, Misson	uri 63042
BURIAL, CREMATION, REMOVAL, OTHER (Specify		CREMATORY-NAME	LOCATI		OR TOWN STA
				******	- Winner and
19a Burial - April 20, 1		rial Park Ceme	tery 19c.		s, Missouri
FUNERAL SERVICE ICENSEE OF Person Acting As S	NUMBER			18 N. Flor:	
200 Dalelite Miller	866 206 White	. 1/ 11 1/	20. 73	amauram W.	4
200	A A A A A A A A A A A A A A A A A A A	-Mullen Mortu	ary zuc F	erguson, r	IRROULLE OFF
REGISTRAR		A. P. C.	DATE	RECEIVED BY REGISTR	AR (Mo., Dav. 1r.)
21a. (Signature)		obut mange	4 778 21b.	RECEIVED BY REGISTR	R 1 8 1979
21a. (Signature)  2 22a. To the best of my knowledge, death oc	curred at the time, date and place	obut mange	4 778 21b.	RECEIVED BY REGISTR	R 1 8 1979
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218. (Signature)  228. To the best of my knowledge, death occause(s) stated.  (Signature and Title)  DATE SIGNED (Mo., Day V.)  220. 4 - 17 - 79  NAME OF ATTENDING PHYSICIAN IF OTHER  221. NAME AND ADDRESS OF CERTIFIER IPH  242. SHU - SUM CH  26. IMMEDIATE CAUSE  PART  (a) CARDIO - RESPIRATION  DUE TO, OR AS A CONSEQUENCE OF  (b) SEPTIC SHOE  DUE TO, OR AS A CONSEQUENCE OF  ASPIRATION  PART OTHER SIGNIFICANT CONDITIONS - CORE  (c)  PART OTHER SIGNIFICANT CONDITIONS - CORE  ACC. SUICIDE, HOM, UNDET  OR PENDING INVEST (Specify)  293.  INJURY AT WORK (Specify) Yes PLACE OF INJURY  294.  PLACE OF INJURY	COURTED ATT THE COURTED TO THE COURT	And due to the 234.  A WIND OF PRINT!  OR CORONER! (Type or Print!)  ELID A LO ST.  INJURY  DESCRIBE HI	DATE (21b.)  The basis of examination an instead place and due to the citure and Title)  SIGNED (Mo., Dav., Yr.)  OUNCED DEAD (Mo., Dav., Yr.)  ON  65/14- MO. L  24b.	AP  d/or investigation, in my or ause(s) stated.  HOUR OF E  23c. PRONOUNC  23e. AT  ICENSE NO.  3 3 2 0 5	PR 1 8 1979  Pinion death occurred at the tire  DEATH  DEATH  DEATH  DEATH  IF HOSP OR INST Indicate E  OP. Emer Rm. Inpatient (Syn  25. Twpa 1 e u  Interval between onset and  Minutes.  Interval between onset and  6-10 hrs  Interval between onset and  12-14 hrs  SE REFERRED TO MEDICAL  IER OR CORONER

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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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 2 6 1980

Per .