1938 REC'D OCT 5 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

33278
Do not use this space.

3

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township Jefferson — Primary Registration District No. 109 — Registered No. 1482
(c) City Mpalewood — (d) Street No. City Hall Jail St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Stapf 310
(a) Residence, No. 7133 Drury Lane St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Stapf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1900

7. AGE YEARS 38 MONTHS 7 DAYS 5 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

FATHER
13. NAME Frank Stapf 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 7

MOTHER
15. MAIDEN NAME Anna ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) May Stapf 7133 Drury Lane

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter & Paul DATE Sept. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay B. Smith 7456 Manchester

20. FILED SEP 1 1938 19 T. R. Meyer M. D. Local Registrar. 7/1

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2PM m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Suicide by hanging (by means of a leatherbelt) | 9/8/38 |

Other contributory causes of importance: 16

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 9/8/38 19
Where did injury occur? Maplewood, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
While in jail.
Manner of injury Suicide by hanging
Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John Lowell, M. D.
(Address) Coroner of St. Louis County, Mo.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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 .....

Registered Apprentice No....., working under my personal supervision.

Signed W. E. Burgess

Licensed Embalmer No. 4629

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**