4 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30258

REC'D SEP 7 1939

Registration District No. 184

Primary Registration District No. 115

Registrar's No. 1398

1. PLACE OF DEATH:

(a) County St. Louis 2

(b) City or town W City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7926 Gannon Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 1

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 7926 Gannon Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME William Louis Clapper 4-16

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Becker Clapper

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 22 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	2	12	— hr. — min.

9. Birthplace Unionville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business

FATHER
12. Name Lewis Clapper
13. Birthplace Mansfield (City, town, or county) Ohio, (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Crumpacker
15. Birthplace Lynchburg (City, town, or county) Virginia (State or foreign country)

16. (a) Informant's own signature Alice B. Clapper
(b) Address 7926 Gannon Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C. R. LUPTON AND SONS.
(b) Address 7233 Delmar Blvd.

19. (a) AUG 4 1939 (Date received local registrar) (b) T Roney M D D P H (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1939 hour 2 minute M.

21. I hereby certify that I attended the deceased from July 6 1939, 19, to 8/3/39, 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Disease

Due to Unknown infection

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —
(Specify type of place)
While at work? — (e) Means of injury

23. Signature C. H. Nelson (M. D. or other)
Address Humboldt B, Date signed 8/4/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1945

JUN 20 1945

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~~ Bradford A. Miles, Registered Apprentice No. X working under my personal supervision.

Signed Bradford A. Mil

Licensed Embalmer No. 2901

P. O. Address St Louis

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

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