

**FILED DEC 17 1946**

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **10443**

**1. PLACE OF DEATH:**

(a) County St Louis

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

(c) Name of hospital or institution: St Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community Life  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis

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

(d) Street No. 5354 Delmar, Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Elwood Lee Papin

3. (b) If veteran, name war No 3. (c) Social Security No. Yes

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Virginia Taylor 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 19 1891  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 6 year 1946 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 30, 1946 to Dec 6, 1946  
that I last saw him alive on Dec 6, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx tract Duration 6 mo.

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>17</u>	hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions metastases to cervical spine  
(Include pregnancy within 3 months of death)

9. Birthplace St Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation Seedsman

11. Industry or business Ed F. Mangelsdorf Co

**MOTHER FATHER**

12. Name Alfred Papin

13. Birthplace St Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Mc Cord

15. Birthplace Montgomery Alabama  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy same as above

Underline the cause to which death should be charged statistically.

16. (a) Informant Virginia T Papin

(b) Address 5354 Delmar

17. (a) Burial (b) Date thereof 12-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 6 1946 (b) J. F. Bradeau  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? No (Specify type of place) \_\_\_\_\_

Means of injury \_\_\_\_\_

Signature W. S. Kieck (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 12/6/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

ALBET

Dr. Wm. Beatty  
3720 Washington  
11-1 PM.  
Jupiter 8499

**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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Helman

**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 this body is not embalmed, fact should be so stated above.**