

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1951

State File No. 3025  
Registrar's No. 439

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 439	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2157	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4524 TENNESSEE</u>				d. STREET ADDRESS (If rural, give location) <u>4524 TENNESSEE</u>			
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)			b. (Middle) <u>E</u>		c. (Last) <u>STAPP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13 1951</u>
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 18 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SWIFT PKG. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo., U</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>ADAM STAPP</u>		13b. MOTHER'S MAIDEN NAME <u>MAGDALINE SCHRADER</u>		14. NAME OF HUSBAND OR WIFE <u>EUNICE STAPP</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EUNICE STAPP 4524 Tennessee</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Tongue</u> 2 months					
19a. DATE OF OPERATION <u>9. 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma &amp; Metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>162X</u>					
22. I hereby certify that I attended the deceased from <u>August 1950</u> , to <u>January 1951</u> , that I last saw the deceased alive on <u>January 13, 1951</u> , and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Atherton</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>824 S. Vandeventer</u>		23c. DATE SIGNED <u>1.15.51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 16 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW PICKER CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>JAN 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Bagater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 21 1959

*Wm's*

*May 20 3 4*

*S. Headman  
C. ...  
H. ...*

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Harmon C. Well*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Harris*

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.