

FILED NOV 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35575

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9092	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If rural, give location) 4815 San Francisco			
3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) E. c. (Last) Schapp			4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1951.				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 6, 1909	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Shipping Clerk		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Schapp		13b. MOTHER'S MAIDEN NAME Lena Schoening		14. NAME OF HUSBAND OR WIFE Mrs. Ruth Schapp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-01-6580		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Schapp, 4815 San Francisco			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
19a. DATE OF OPERATION 4-8-48	19b. MAJOR FINDINGS OF OPERATION carcinoma Rectum = metastases to liver					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? 154X			
22. I hereby certify that I attended the deceased from 4-8-48 , to 10-14, 1951 , that I last saw the deceased alive on 10-14, 1951 , and that death occurred at 10:10Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Leo ReBlanc us hr (Degree or title)				23b. ADDRESS 3720 Washington Blvd		23c. DATE SIGNED 10-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/17/1951.	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) ST. Louis County, Mo.		
DATE REC'D BY LOCAL REG. OCT 15 1951		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.