

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33679

State File No.

FILED SEP 23 1952

No. 300
v. 10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2413

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>724 N. Clay</u>		d. STREET ADDRESS (If rural, give location) <u>724 N. Clay</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Llewellyn</u> b. (Middle) <u>M.</u> c. (Last) <u>Papin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 16, 1952</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Oct. 27, 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR (Months) (Days) <u>10/19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Dept. Mgr. Mines Equip. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Frank A. Papin</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dorothea Papin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothea Papin, 724 Clay, Kirkwood, Mo.</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>Cancer of stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gastro-intestinal for ulcer</u> DUE TO (c) : <u>578X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION <u>4-3-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Coronariomatosis</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Oct, 1949, to Aug 26, 1952, that I last saw the deceased alive on Aug 26, 1952, and that death occurred at 6 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul E. Rutledge M.D.</u> (Degree or title)		23b. ADDRESS <u>Kirkwood, Mo.</u>		23c. DATE SIGNED <u>9-17-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 18, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-17-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domb...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>3840 Lindell Blvd.</u>	
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524 Licensed Embalmer's Statement on Reverse Side

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

4002

STATE BOARD OF HEALTH

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

W.A. Van Meter

Licensed Embalmer No. 2825

P. O. Address. 3840 Lindell

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.