

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36874

State File No. \_\_\_\_\_

No. 300  
10-48

OCT 21 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9288

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. Pac. Hospital, St. Louis</i>		d. STREET ADDRESS <i>3679 Lafayette ave.</i>	
3. NAME OF DECEASED a. (First) <i>Nannie</i>		c. (Last) <i>Stapp</i>	
b. (Middle) <i>Kelpha</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 10 - 1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Sept. 17, 1896</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo Pacific Natl &amp; Texas</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13. FATHER'S NAME <i>Cornell E. Lagaw</i>	
13b. MOTHER'S MAIDEN NAME <i>Harmish</i>		14. NAME OF HUSBAND OR WIFE <i>Clarence Stapp</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or nature of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>Don't know</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Clarence Stapp</i>		17. ADDRESS <i>3679 Lafayette</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of lung</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION:	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>June 5, 52 Oct, 1952</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to 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? <i>163X</i>	
22. I hereby certify that I attended the deceased from <i>August 4, 1952, to Oct. 10, 1952</i> , that I last saw the deceased alive on <i>Oct. 10, 1952</i> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>Mo. Pac. Hosp.</i>	
23c. DATE SIGNED		24. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Crematory</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24b. DATE <i>10-11-52</i>	
24c. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	
25. ADDRESS <i>1125 Hadiamont</i>		DATE REC'D BY LOCAL REG. <i>OCT 11 1952</i>	
REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		26. (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. 1661

P. O. Address 1125 Kodiamont

No Embalming

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.