

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12702**

FILED MAR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 674

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

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2149</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 Mon.</u>		d. STREET ADDRESS (If rural, give location) <u>4978 Pernod Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LANSING</u>	b. (Middle) <u>-F-</u>	c. (Last) <u>L. CLAPP Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26 1953</u>
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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. 27, 1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Weaver-Ludlow Saylor 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.A.</u>
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13a. FATHER'S NAME <u>Alfred Clapp</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Heeb</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Clapp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rose Clapp</u>	ADDRESS <u>4978 Pernod Ave.</u>
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18. CAUSE OF DEATH (State only one cause per line for (a), (b), and (c)) <i>This does not mean the condition giving, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra-peritoneal abscess</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>extirpation of urine from ureters-colostomy following cystostomy for carcinoma of bladder.</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4/2/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Intra-peritoneal abscess</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 4-12, 1953, to 2-26, 1952, that I last saw the deceased alive on 2-25, 1953, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles R. Doyle M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand Blvd</u>	23c. DATE SIGNED <u>2-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>Mar. 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-28-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Danke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl</u>
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6/15  
Dr. Joseph J. J. J.  
Albany, N.Y.

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

*Edwin M. Bennett*

Licensed Embalmer No. 3024

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.

1953  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 12709-53

State of Missouri }  
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 674

On this 16th day of March, 1953, before me appears

Rose Clapp, who, upon her oath, states that the original record of ~~birth~~ death

for Lansing L. Clapp, Sr., died ~~born~~ February 26, 1953, in the State of

Missouri, and which was filed at St. Louis County on Feb. 28, 1953, should be corrected as follows:

Item No. 3 should read Lansing L. Clapp, Sr.

Instead of Lansing J. Clapp, Sr.

Item No. 8 should read Oct. 28, 1884

Instead of Oct. 27, 1884

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Rose Clapp widow Relationship.

4978 Pernod, St. Louis, Missouri Present Address.

Subscribed and sworn to before me this 16th day of March, 1953.

My Commission expires May 16, 1954 Stanley R. Schuchat Notary Public.

5-12702