

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **28746**
7262

FILED AUG 16 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4450a Arco Ave.		c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 4450a Arco Ave.		21890	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) RALPH		b. (Middle)		c. (Last) ALSUP		(Month) (Day) (Year) Aug. 3 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH June 29, 1925	
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed-Disabled War Veteran		10b. KIND OF BUSINESS OR INDUSTRY War Veteran		11. BIRTHPLACE (City and State or Foreign Country) Haiti, Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Willie Alsup		13b. MOTHER'S MAIDEN NAME Augusta Hawkins		14. NAME OF HUSBAND OR WIFE Patricia Alsup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War 2		17. INFORMANT'S SIGNATURE OR NAME Patricia Alsup		ADDRESS 4450a Arco Ave.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Stenoses			
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Rheumatic Heart Dis DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				INTERVAL BETWEEN ONSET AND DEATH			
Conditions contributing to the death but not related to the disease or condition causing death. None				22 yrs			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None			
21d. TIME OF INJURY None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None		4214	
22. I hereby certify that I attended the deceased from <u>2-11</u>, 19<u>53</u>, to <u>8-3</u>, 19<u>54</u>; that I last saw the deceased alive on <u>7-2</u>, 19<u>54</u>, and that death occurred at <u>8:15 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE Robert E. Japinski				23b. ADDRESS 5394 Grand Blvd		23c. DATE SIGNED 8-5-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. AUG 5 1954		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *John O. Krause*.....

Licensed Embalmer No. *45*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**