No. 300
10.48

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

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24187

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6357

1. PLACE OF DEATH
a. COUNTY - - - - -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) - - -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3004a Victor-St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location) 3004A Victor St.

17 2179

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret
b. (Middle) -
c. (Last) Pape

4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1955

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 9/21/1879
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Simcox
13b. MOTHER'S MAIDEN NAME Margaret HEARLEHY
14. NAME OF HUSBAND OR WIFE Harry J. Pape. (dec.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Miss Margaret Pape — **ADDRESS** 3004 Victor St.St/ Louis Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 14 mos
DUE TO (b) Left Cardiac Hypertrophy — 14 mos
DUE TO (c) Arteriosclerosis Coronary Thrombosis — Duration
DUE TO (d) Cerebral Thrombosis — 14 mos
DUE TO (e) Hemiplegia due to Cerebral Thrombosis — 14 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardio Decomp Rogers — 14 mos — Apoc

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 5271
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11, 1954, to 7/22, 1955, that I last saw the deceased alive on 7/20, 1955, and that death occurred at 11/15 a.m., from the causes and on the date stated above.

23a. SIGNATURE George T Burhan MD (Degree or title) **23b. ADDRESS** 3903 Olive **23c. DATE SIGNED** 7/22/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/26/55
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis (State) Mo.

DATE REC'D BY LOCAL REG. JUL 25 1955
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Arthur J Bonnelly **ADDRESS** 3840 Lindell Blvd.
(Licensed Embalmer's Statement on Reverse Side)

mos

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by ~~me, or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 46

P. O. Address 3840 Lu

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.