

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **39848**  
Registrar's No. **9227**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9227</b>				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>		c. CITY OR TOWN <b>Glendale</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1195 Hillard Road</b>						
3. NAME OF DECEASED (Type or Print) <b>JOSEPH</b>		a. (First)		b. (Middle) <b>EWING</b>		c. (Last) <b>TAPPAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 7th, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>August 18, 1898</b>		9. AGE (In years) (last birthday) Months Days Hours Min. <b>58 1 19</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Civil Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch</b>			11. BIRTHPLACE (City and State or Foreign Country) / <b>Liberty, Indiana</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George S. Tappan</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ewing</b>			14. NAME OF HUSBAND OR WIFE <b>Anne Bishop Tappan</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-I</b>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <b>Anne Bishop Tappan</b>			ADDRESS <b>1195 Hillard Road</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>10 Da P.O. Prostatectomy</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>10 days P.O. Prostatectomy</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <b>9/29/56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Hy per trophy Prostate (Benign)</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>9/24, 1956</b> , to <b>10/7</b> , 19 <b>56</b> that I last saw the deceased alive on <b>10/7</b> , 19 <b>56</b> , and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Otto J. Wilhelm</b> <i>Otto J. Wilhelm</i>				23b. ADDRESS <b>607 N. Grand</b> <i>607 N. Grand</i>				23c. DATE SIGNED <b>10/10/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-9-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West Point Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Liberty, Indiana</b>				
DATE REC'D BY LOCAL REG. <b>OCT 9 1956</b>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Bl'vd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1938  
1938

**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... *Arnold W. Scholme*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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.