No. 300
10-48

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

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-008427

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2601

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellefontaine Neighbors
c. LENGTH OF STAY (In this place): 12yrs 4m. 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis State Training School

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

3. NAME OF DECEASED (Type or Print): a. (First) JEAN b. (Middle) c. (Last) STAPFER

4. DATE OF DEATH (Month) 2 (Day) 5 (Year) 1958

5. SEX F

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH Sept. 27 1933

9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 4, Days 8; IF UNDER 24 HRS.: Hours 1, Min. 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES BUCHER

13b. MOTHER'S MAIDEN NAME DOROTHY HOHLENKAMP

14. NAME OF HUSBAND OR WIFE /

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service) /

16. SOCIAL SECURITY NO. /

17. INFORMANT'S SIGNATURE OR NAME Records of St. Louis State Tr. School **ADDRESS** 10695 Bellefontaine Rd

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) Status epilepticus — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Partial Hemiplegia lower left extremity — since birth
DUE TO (c) Epilepsy — since birth

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Mental Deficiency 353.2 — since birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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* Sept 24, 1940, *to* February 5, 1958, *that I last saw the deceased alive on* February 4, 1958, *and that death occurred at* 1:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward P. Wolff, M.D. (Degree or title)

23b. ADDRESS 10695 Bellefontaine Road St. Louis

23c. DATE SIGNED 2/5/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal

24b. DATE Feb. 7, 1958

24c. NAME OF CEMETERY OR CREMATORY ST. Matthews Cemetery

24d. LOCATION (City, town, or county) ST. Louis (State) Mo.

DATE REC'D BY LOCAL REG. 2/6/58

REGISTRAR'S SIGNATURE Herbert P. Dancker M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. F. & H. C. **ADDRESS** 2929 S. Jefferson Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry Kahle

Licensed Embalmer No. 4596

P. O. Address Florissant,

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