URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-013050

STATE FILE NUMBER

FILED VS MAR 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2946

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b: 18 MONTHS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: LITTLE FLOWER NURSING HOME
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 6600a PENNSYLVANIA
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: C. Last: PAPE
4. DATE OF DEATH: Month MARCH Day 11 Year 1960
5. SEX: MALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/22/1880
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PRESSMAN
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HENRY PAPE
13b. MOTHER'S MAIDEN NAME: SOPHIE PFOETNER
14. NAME OF HUSBAND OR WIFE: LILLIAN P. PAPE
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.:
17. INFORMANT: VIOLET BUCHHOLD, #19 LINCORD DR.
Address: SAPPINGTON

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Chronic Myocarditis	8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	10 yrs
DUE TO (c)	422.1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐: none
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): none
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: none
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1958, to March 11 1960 and last saw him alive on Mar 10 1960
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Pepper Plumpe MD (Degree or title)
22b. ADDRESS: 3933 S. Grand
22c. DATE SIGNED: Mar 11 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3/14/1960
23c. NAME OF CEMETERY OR CREMATORY: ST. PAULS CHURCHYARD
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR: HOFFMEISTER COLONIAL MORTUARY
ADDRESS: ~~XXXX~~ 6464 CHIPPEWA STREET, ST. LOUIS, MO.
(Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG.: MAR 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lee C. Branson

Signature of Student Embalmer

Licensed Embalmer No. 4769

P. O. Address St Louis

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