

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5128** STATE FILE NUMBER **61-019461**

FILED JUN 8 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in 1b 2 hrs.	c. CITY OR TOWN Webster Groves, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11 Wilshire Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William F. Schupp			4. DATE OF DEATH Month Day Year May 29, 1961		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1906 AGE (last birthday) Oct. 26, 1906 54	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) Sales Manager		10b. KIND OF BUSINESS OR INDUSTRY Republic Steel Corp.	11. BIRTHPLACE (City and state or country) Cincinnati Ohio	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Schupp		13b. MOTHER'S MAIDEN NAME Mary Curran		14. NAME OF HUSBAND OR WIFE Emma Schupp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			17. INFORMANT Address Emma Schupp, 11 Wilshire Terrace,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarct, antero-lateral Acute Myocardial Infarct., Antero-lateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 420.1					INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 1956 to May 29, 1961 and last saw him alive on May 29, 1961 Death occurred at 11:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James B. Jones M.D. (Degree or title)			22b. ADDRESS 9213 Manchester Road St. Louis 19, Mo.		22c. DATE SIGNED 5-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE June 3, 1961	23c. NAME OF CEMETERY OR CREMATORY Arlington Memorial		23d. LOCATION (City, town, or county) (State) Cincinnati, Ohio	
24. FUNERAL DIRECTOR ADDRESS Bopp Chapel, Kirkwood, Mo.			25. DATE RECD. BY LOCAL REG. JUN 1 1961	26. REGISTRAR'S SIGNATURE Loed Smith, M.D.	

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Wyland Jr

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

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.