

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5413**

AMENDED

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Original due to arteriosclerosis

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 | | Length of stay in lb | c. CITY OR TOWN MeHLville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 451 SUSAN Rd. |
| 3. NAME OF DECEASED (Type or print) First FRANKLIN Middle B. Last SAPP | | | 4. DATE OF DEATH Month JUNE Day 8 Year 1961 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2-2-1898 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD | | 10b. KIND OF BUSINESS OR INDUSTRY BURNS DETECTIVE | 9. AGE (last birthday) 63 |
| 11. BIRTHPLACE (City and state or country) Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME SAM Boone SAPP | | 13b. MOTHER'S MAIDEN NAME EMMA GLASSCOCK | 14. NAME OF HUSBAND OR WIFE MYRTLE SAPP (Dec'd) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT MILDRED BOSCH 451 SUSAN Rd. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLISM | | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 332X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RECENT CEREBRAL THROMBOSIS - 2 wks. | | | 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 checked="" type="checkbox"/> NO <input 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 Feb 17, 56 to June 8, 61 and last saw him alive on June 7, 61 Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) A. A. Desener M.D. | | 22b. ADDRESS Northland Med Bldg | 22c. DATE SIGNED 6-9-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| REMOVAL | JUNE 19 1961 | SUNSET BURIAL PARK | ST. LOUIS CO. MO. |
| 24. FUNERAL DIRECTOR Thomas Kuto 2906 Gravois | | 25. DATE RECD. BY LOCAL REG. JUN 10 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |

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

Eleanor Poirine

Licensed Embalmer No. 3403

P. O. Address 7906 Grami

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.