

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

16585

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1075
 City St. Louis (No. mo. Baptist Hosp.) St. Ward)

File No.
 Registered No. 5108
 St. Ward)

2. FULL NAME

John J. Stapleton
 (a) Residence. No. 3956 Garfield St., 11 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1-1869
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 10 27
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Sheet Metal Worker
 (b) General nature of industry, business, or establishment in which employed (or employer) 45
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Richard Stapleton
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ann Murphy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

14. INFORMANT Thomas Stapleton
 (Address) 3956 Garfield

15. FILED 29 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 28 1931
 17. I HEREBY CERTIFY, That I attended deceased from April 28, 1930 to April 28, 1931 that I last saw him alive on April 28, 1931, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
51B
Valvular Disease of Heart
 (duration) yrs. 3 mos. ds.
 CONTRIBUTORY Carcinoma of Bladder
 (SECONDARY) (duration) yrs. 12 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 51B
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. H. Meyer M. D.
4-28-1931 (Address) 7500 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Apr 30 1931

20. UNDERTAKER Callinane Bros. ADDRESS 1710 N. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

