

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.

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

Do not use this space.

SEP 10 1937

28795

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo.

Registration District No. 791  
Primary Registration District No. 1008  
(No. City Hospital)

File No.....  
Registered No. 7428  
St. .... Ward)

2. FULL NAME Chris Stapleton

(a) Residence, No. 15N. 3rd St., St. 25 Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Stapleton</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1883</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>✓</u>	<u>54</u>	<u>5</u>	<u>0</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nil</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>				
13. NAME <u>John H. Stapleton</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
15. MAIDEN NAME <u>Sarah (unk)</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Capt. Payton</u> (ADDRESS) <u>15 N. 3rd St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>8/6/37</u>				
19. UNDERTAKER <u>Edith E. Ambrose</u> (ADDRESS) <u>4234 Manchester</u>				
20. FILE <u>AUG 5 1937</u> <u>J. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/9/36, 1936, to 8/4, 1937  
I last saw him alive on 11.24.36, 1936. Death is said to have occurred on the date stated above, at 11.24.36.  
The principal cause of death and related causes of importance were as follows:  
Peritonitis  
Date of onset 123

Other contributory causes of importance:  
Resection of bowel for perforated Meckels diverticulum

Name of operation Resection of small bowel Date of 7-31-37  
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify  
(Signed) J. W. Siegest, M. D.  
(Address) City Hospital

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