

JUL 12 1939

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

20155
Do not use this space.
791
1008
4999

1. PLACE OF DEATH

(a) County Registration District No. 2
(b) Township Primary Registration District No. 1
(c) City or Saint Louis, Missouri (d) Street No. 3667 Utah Place St. 791
(If death occurred in Hospital or Institution, write its name instead of street and number) 1008
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da. 4999

2. PRINT FULL NAME Oscar C. Stupp

(a) Residence, No. 3667 Utah Place St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1st, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 4 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Civil Engineer
9. Industry or business in which work was done, as 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) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER 13. NAME George Stupp
14. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Caroline Doering
16. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT George Stupp
(ADDRESS) 3667 Utah Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE Jun. 3d, 1939

19. FUNERAL DIRECTOR (NAME) Zegenhimer Bros.
(ADDRESS) 2623 Cherokee Street

20. FILED JUN 2 1939
J. F. Budick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1939

22. I HEREBY CERTIFY, That I, attended deceased from 5/27, 1939 to 5/31, 1939
I last saw him alive on 5/31, 1939 Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

acute gangrenous appendicitis Date of onset 5/23/39
Peritonitis 5/23/39

Other contributory causes of importance:
Peritonitis
Name of operation Laparotomy Date of 5/23/39
What test confirmed diagnosis? " Was there an autopsy? no

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) Edw. J. ... M. D.
(Address) 2924 J. ...

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.

I X16625

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W. E. Morris

Licensed Embalmer No.....

3360

P. O. Address.....

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 this body is not embalmed, above space should be left blank.