V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13093

FILED MAY 13 19[redacted] 791 1003

State File No. 3977

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3977

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94

(c) City or town Leadwood NR
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME STAPP, HENRY L.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Unknown

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 4 (Day) 1866 (Year)

8. AGE: Years 75 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Irondale (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Lumber

11. Industry or business

FATHER
12. Name Harvey Stapp
13. Birthplace missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Bert L. Stapp
(b) Address Leadwood Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/5/42 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck, Mo.

18. (a) Signature of funeral director Albert H. Hoppen
(b) Address 4700 Washington

19. (a) MAY 8 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2
year 42 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3
31, 1942 to 5-2, 1942
that I last saw him alive on 5-2, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of Bladder (Urinary bladder)

Due to 52 Yr

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

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, fact should be so stated above.