

FILED JUN 4 1943

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 2 WEEKS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME HARRY EDWARD PAPIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or face WHITE

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

6. (b) Name of husband or wife NAN WOODWARD PAPIN

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEB. 1 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 3 14 hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation INSURANCE BUSINESS

11. Industry or business _____

MOTHER FATHER {

12. Name TIMOTHY PAPIN

13. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant MR. PIERRI PAPIN

(b) Address 4555 PERSHING AVE.

17. (a) BURIAL (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) MAY 7 1943 (b) J. F. Brebeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5290 WATERMAN AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15
year 1943 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 15 1942 to May 15 1943
that I last saw him alive on May 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial infarction, Chronic Uremia 6 mos

Due to Chronic Intestinal myopathy 2 yrs

Biliary Cirrhosis 4 yrs

Due to Hypertension 10 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 1/24

Of autopsy: _____

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 J. H. Prange (M. D. or other) MD
Address 4957 Maryland Date signed 5/15/43

Duration

Physician

Underline the cause to which death should be charged statistically.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Russell

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.