No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20329

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5769

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 0

In this community 15 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town MARYLAND HEIGHTS (If outside city or town limits, write "RURAL")

(d) Street No. 141 - READING (If rural, give location) NR

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

If yes, name country _____

3. (a) PRINT FULL NAME IDA MAY STUPPERICH

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife JOHN

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased APR (Month) 4 (Day) 1884 (Year)

8. AGE: Years 60 Months 2 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace OKLA (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name GEORGE TILTON

13. Birthplace OKLA (City, town, or county) (State or foreign country)

14. Maiden name MARY JAYNES

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

16. (a) Informant John Stupperich

(b) Address 141 - READING M. HTS. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 - 1 - 44 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director BAUMANN BROS.

(b) Address 4146 R. PARK MO

19. (a) JUN 27 1944 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Bilateral (Lungs) Edema of the Lungs while undergoing an Operation on the Liver at Bethesda Hospital on — Duration _____

Due to 6-27-44 at about 8:15 am

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Thomas J. Collins (M.D. or other)

Address Deputy Coroner Date signed 27-44

(Licensed Embalmer's Statement on Reverse Side)

7/6/44

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.