

FILED MAY 22 1947

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4793

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: De PAUL HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

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

(d) Street No. 4166 LINDELL BLVD  
19 (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME LOIS E. TAPPAN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7<sup>th</sup>  
year 1947 hour 5 minute 09 P. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife JOSEPH

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: MAY 14 1902  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-16-45 to 5-7-47  
that I last saw her alive on 5-7-1947  
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 11 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Cancer of left breast

9. Birthplace: UNION Co. ILL  
(City, town, or county) (State or foreign country)

Due to with skeletal and pulmonary metastases

Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation BUYER

Major findings: Of operations not Done

Of autopsy not Done

11. Industry or business FAMOUS BARR + Co

12. Name ROLLA BROOKS

13. Birthplace UNION Co. ILL  
(City, town, or county) (State or foreign country)

14. Maiden name BEATRICE HUNZAKER

15. Birthplace UNION Co. ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant MR JOSEPH E. TAPPAN

(b) Address 4166 LINDELL BLVD

17. (a) REMOVAL (b) Date thereof 5-8-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARBONDALE ILL

18. (a) Signature of funeral director ROUWAND MORTUARY

(b) Address 4855 WASHINGTON AV.

19. (a) MAY 12 1947 (b) J. F. Prudek  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Mean of injury U

23. Signature J. F. Prudek (M. D. or other) \_\_\_\_\_

Address 4952 W. 10th Date signed 5-9-47

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

MOTHER FATHER

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**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.....

*John Ketter*

Licensed Embalmer No. *3880*

P. O. Address *St. Louis, Mo*

**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.**