

FILED SEP 23 1947

Primary Registration District No. 1003

Registrar's No. 8596

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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: 3520 Chiffona  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Carolyn Papp

3. (b) If veteran No 3. (c) Social Security No. \_\_\_\_\_

name war \_\_\_\_\_

6. (a) Sex Female Color White

6. (b) Name of husband or wife Joseph Papp 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Birth date of deceased June 23 1895  
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Dr. J. Klingbunnell

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

14. Maiden name Anna Gebken

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

16. (a) Informant Joseph Papp

(b) Address 5219 S. Kingshighway

17. (a) Burial (b) Date thereof 9-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 3819 S. Grand St.

19. (a) Date received local registrar SEP 11 1947 (b) Registrar's signature J. F. Bredeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5219 S. Kingshighway  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 9  
year 1947 - hour 10 vs PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8/17  
1947, to 9/9/47, 1947

that I last saw her alive on 9/9, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Rt. cerebral - brain tumor  
about 6 wks.

Due to Probably malignant.

Due to \_\_\_\_\_

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

Major findings: as above

Of operations \_\_\_\_\_

Of autopsy none

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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 W. J. ... (M. D. or other) \_\_\_\_\_

Address 3804 N. Kingshighway Date signed 9/11/47

**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.....

*Ernest W. Spillard*

Licensed Embalmer No.....

*4080*

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.