

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33989
8985
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ST. LOUIS
(c) Name of hospital or institution: CHRISTIAN HOSPITAL
(d) Length of stay: In hospital or institution 11 DAYS
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County WASHINGTON
(c) City or town ORAUVILLE
(d) Street No. P.O. BOX 55
(e) Citizen of foreign country? No.
If yes, name country _____

3. (a) PRINT FULL NAME ALMA CAPSTICK
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 14
year 1948 hour 11 minute 40 A.M.
21. I hereby certify that I attended the deceased from 9-27-48
to 10-14-48
that I last saw her alive on 10-14-48
and that death occurred on the date and hour stated above.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife HARRY CAPSTICK
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased MAY-2-1891
(Month) (Day) (Year)

Immediate cause of death Pulmonary embolism
Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 57 Months 5 Days 12
If less than one day: hr. min.
9. Birthplace ST. LOUIS - MO 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Major findings: fibroid uterus
Of operations (Hysterectomy) 10-4-48
Of autopsy on above
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name FREDERICK RUGHS
13. Birthplace GERMANY
14. Maiden name CAROLINE PEYSOLD
15. Birthplace GERMANY
16. (a) Informant Harry Capstick
(b) Address ORAUVILLE, ILL
17. (a) BURIAL (b) Date thereof 10-18-48
(c) Place: burial or cremation FRIEDENS CEM
18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge
19. OCT 17 1948 (b) J. B. Lanter

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature HARRY A. KLEIN, M.D. (M. D. or other) M.D.
Address 5074 N. Union Blvd. Date signed 10-16-48

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

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 Elton H. Pennington

Licensed Embalmer No. 4283

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, fact should be so stated above.