

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18194  
Registrar's No. 8835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 6026

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>St. Louis</i>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <i>MISSOURI</i> b. COUNTY <i>St. Louis</i>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><i>Cassmiller 11</i>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><i>ST. LOUIS</i>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><i>PENN NURSING HOME</i>   |  | d. STREET ADDRESS (If rural, give location)<br><i>1011 SOULARD</i>  |  |
| 3. NAME OF DECEASED<br>a. (First) <i>LENA</i> b. (Middle) <i>-</i> c. (Last) <i>STAPP</i>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><i>APRIL 12 1949</i>   |  |
| 5. SEX<br><i>FEMALE</i>   | 6. COLOR OR RACE<br><i>WHITE</i>               | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><i>WIDOW</i>  | 8. DATE OF BIRTH<br><i>JULY 27, 1859</i>   |
| 9. AGE (In years last birthday)<br><i>89</i>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>WIDOW</i>  | 11. BIRTHPLACE (State or foreign country)<br><i>ST. LOUIS MO</i>                 |
| 10a. USUAL OCCUPATION   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 12. CITIZEN OF WHAT COUNTRY?<br><i>MO</i>  |
| 13a. FATHER'S NAME<br><i>GUSTAV SCHAPER</i>   |  | 13b. MOTHER'S MAIDEN NAME<br><i>UNKNOWN</i>   | 14. NAME OF HUSBAND OR WIFE  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><i>MRS. KRAUS RT2 CEDAR HILL MO</i> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i><br>INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <i>Hypertensive + Arteriosclerotic Cardiovascular Renal disease</i> <i>5 years</i><br>DUE TO (c) <i>4424</i><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><i>1368</i>   |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from <i>June 11, 1947</i> to <i>April 12, 1949</i> , that I last saw the deceased alive on <i>April 5, 1949</i> , and that death occurred at <i>1:38 AM</i> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><i>Lewin Littmann MD</i>  |  | 23b. ADDRESS<br><i>8231 Clayton Rd (17)</i>   | 23c. DATE SIGNED<br><i>4/12/49</i>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>BURIAL</i>  | 24b. DATE<br><i>APRIL 14, 1949</i>             | 24c. NAME OF CEMETERY OR CREMATORY<br><i>NEW PICKER CEM.</i>  | 24d. LOCATION (City, town, or county) (State)<br><i>ST. LOUIS MO</i>             |
| DATE REC'D BY LOCAL REG.<br><i>4-13-49</i>  | REGISTRAR'S SIGNATURE<br><i>Thommas Kuttis</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><i>Thommas Kuttis 2906 Garrison</i>   |  |

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

JAN 21 1959

8231 (C.A.T. 1959)  
Jan. 21 1959 (2-5)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Leo J. Buddi

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3989

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.