

FILED JUL 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

25316  
State File No. 6021  
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (If in hospital) 7 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4909 PARK VIEW				d. STREET ADDRESS 4909 PARK VIEW					
3. NAME OF DECEASED (Type or Print) a. (First) Katherine			b. (Middle) L.		c. (Last) Stapleton		4. DATE OF DEATH (Month) (Day) (Year) JULY 9th 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH DEC 28th-1861		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 MEE. 87 Months 6 Days 11 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JAMES A. LANDER			13b. MOTHER'S MAIDEN NAME NANCY CARPENTER		14. NAME OF HUSBAND OR WIFE GEORGE F. STAPLETON				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME GEORGE L. STAPLETON--PARK VIEW					ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Chronic</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 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)		21d. (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? <i>H-222</i>					
22. I hereby certify that I attended the deceased from <i>1941 to July 9, 1949</i> , that I last saw the deceased alive on <i>July 8, 1949</i> , and that death occurred at <i>7:45 a.m.</i> from the causes and on the date stated above.									
23a. SIGNATURE <i>George L. Stapleton, M.D.</i>				(Degree or title)		23b. ADDRESS <i>812 Olive Street, St. L.</i>		23c. DATE SIGNED <i>7/9/49</i>	
24a. BUREAU OF CREMATION-REMOVAL (Specify)		24b. DATE JULY 11th-49		24c. NAME OF CEMETERY OR CREMATORY CLARKSBURG MO		24d. LOCATION (City, town, or county) (State) CLARKSBURG MO.			
DATE REC'D BY LOCAL REG. JUL 10 1949		REGISTRAR'S SIGNATURE <i>L. B. Laster</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>				ADDRESS <i>3840 Lindell Blvd</i>

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Kerkelmann*  
*812 Olive St*  
*2-3*

JUL 29 1949

**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 *Thomas R. Fenwick*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

**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.