V.S. No. 300
Rev. 10-48

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FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35867

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4137

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): E. St. Louis
d. STREET ADDRESS (If rural, give location): Rt. #1 Box 229- Centerville Sta.

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3. NAME OF DECEASED (Type or Print)
a. (First): James H.
b. (Middle):
c. (Last): CAPPER

4. DATE OF DEATH (Month) (Day) (Year): October 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9/23/93
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing House Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Packing House
11. BIRTHPLACE (State or foreign country): Poplar Bluff, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Capper
13b. MOTHER'S MAIDEN NAME: Ida Mae Thomison
14. NAME OF HUSBAND OR WIFE: Tessie Capper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 500181635
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Supra-pubic prostatectomy — 420

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ---

22. *I hereby certify that* VA *attended the deceased from* Oct. 4, 1949, *to* Oct. 11, 1949, ~~that I last saw the deceased alive on~~, *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Stilwell, M.D., Chf. of Prof. Services
23b. ADDRESS: VAH, Jefferson Barracks, Mo.
23c. DATE SIGNED: 10/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): E St Louis
24b. DATE: 10-13-49
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): EAST ST. LOUIS, ILL

DATE REC'D BY LOCAL REG.: OCT 13 1949
REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Robins Funeral Home, East St Louis

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1961

OCT 1 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.

Student .....
Student Embalmer

Signed Frank Prompf

Licensed Embalmer No. 4357

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.