

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14573  
2518  
Registrar's No.

318

1003

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)			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.				a. STATE Missouri		b. COUNTY	
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 717 N. Kingshighway				d. STREET ADDRESS (If rural, give location) 6668 Delmar 433,6			
3. NAME OF DECEASED (Type or Print)		a. (First) Oscar H. Pape		b. (Middle)		c. (Last)	
4. DATE OF DEATH Mar. 17, 1951		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH Aug. 28, 1892		9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Richard Pape		13b. MOTHER'S MAIDEN NAME Adele Teusel		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Worldwar I		16. SOCIAL SECURITY NO. 493-03-5331		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Wolschock			
17. ADDRESS 717 N. Kingwy.		MEDICAL CERTIFICATION					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Pulmonary Oedema					
		DUE TO (c) Fatty Degeneration of Myocardium					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		4220	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE _____				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. FUNERAL CREMATION REMOVAL (Specify) Burial 0		24b. DATE 3-21-51		24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jeff. Brks, Mo.	
DATE REC'D BY LOCAL REG. MAR 19 1951		REGISTRAR'S SIGNATURE J. B. Carter		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		ADDRESS 6322 S. Grand Blv.	

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Handwritten signature: Sanford W. Johnson*

Signed .....  
Student Embalmer

Licensed Embalmer No. *142, 42*

P. O. Address. *6322 So. Grand*

**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.