

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 14612
Registrar's No. 3296

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 3296			
1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN <u>St. Louis Mo</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. T. H. Dr.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 2259</u> d. STREET ADDRESS (If rural, give location) <u>10. Mo. 10 Fr.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Hampress</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 51</u>		5. SEX <u>Male</u>		6. COLOR OR RACE _____			
7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>Apr 1885</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR Months _____ Days _____			
11. IF UNDER 15 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during last 12 months, or in Ills, even if retired) <u>doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ills</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>W. K.</u>		13b. MOTHER'S MAIDEN NAME <u>W. K.</u>		14. NAME OF HUSBAND OR WIFE <u>W. K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, date of service) _____		16. SOCIAL SECURITY NO. <u>W. K.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. B. Sharsten</u>		ADDRESS <u>1300 Clark</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Apoplexy</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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. <u>W. K.</u>				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) (STATE) _____		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? <u>33HX</u>							
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 _____ from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Walter Perry DePuyton</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4/11/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>4-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>APR 11 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Sharsten</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Happe</u>		ADDRESS <u>4700 WASHINGTON</u>			

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

Handwritten signature

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.

Handwritten signature: Ray Embalmers

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Student
Student Embalmer

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.

Handwritten notes and stamps