

S. No. 300
D. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14853**
3418

FILED APR 25 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>St. Louis</u>		2149
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital 4 1133 Lounsville</u>			d. STREET ADDRESS (if rural, give location) _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u>		b. (Middle) <u>STUART</u>	c. (Last) <u>TOLPEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>2-18-51</u>	9. AGE (In years last birthday) <u>13 1/2 mos.</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Soldan Tolpen</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Cohen</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. Munn, 542 St. Kingshighway, Cottleville</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		Congenital Heart Disease			_____
*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) <u>1-A Septal defect</u>			_____
DUE TO (c) _____		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 type="checkbox"/> NO <input checked="" 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)		754.2
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 4-7-, 1952, to 4-10, 1952, that I last saw the deceased alive on 4-10, 1952, and that death occurred at 10 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Munn</u>		23b. ADDRESS <u>Chicoutou Hospital</u>		23c. DATE SIGNED <u>4/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chesco Shol Emert</u>	24d. LOCATION (City, town, or county) (State) <u>University City 40</u>		
DATE REC'D BY LOCAL REG. <u>APR 11 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beyer Funeral Home 4715 N. Phos.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

7
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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.....

Quirio D. Indring

Signed.....

Student Embalmer

Licensed Embalmer No.....

4229

P. O. Address.....

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.