

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 12 1952

State File No. **36590**  
Registrar's No. **9487**

BIRTH NO. **72303** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>2</b>		d. STREET ADDRESS (If rural, give location) <b>12 5144 ENRIGHT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish</b>			

3. NAME OF DECEASED (Type or Print) <b>BABY</b>		a. (First) <b>LAPPE</b>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 10 1952</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SIN.</b>		8. DATE OF BIRTH <b>OCT 8 1952</b>		9. AGE (In years last birthday) Months Days <b>2</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ST LOUIS MO</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Ralph Lappe</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Becke</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph Lappe</b>		ADDRESS <b>ST LOUIS MO</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intercranial hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 <b>7600.</b>	
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22. I hereby certify that I attended the deceased from **10/8, 1952** to **10/10, 1952**, that I last saw the deceased alive on **10/10, 1952**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M. Schlensky M.D.</b>		23b. ADDRESS <b>St. Louis Jewish Hospital</b>		23c. DATE SIGNED <b>10/13/52</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10/13/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS Co. MO</b>	
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DATE REC'D BY LOCAL REG. <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MORTMANN</b>		ADDRESS <b>Home Overland, MO</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Al C. Ostmann

Signed.....  
Student Embalmer

Licensed Embalmer No. 3478

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.