

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41176**

No. 300  
10-48

DEC 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2978

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST. LOUIS</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO.</u><br>b. COUNTY <u>ST. LOUIS</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u> <u>4544</u>                                  |  |
| c. LENGTH OF STAY (in this place) <u>12 HRS</u>  |  | d. STREET ADDRESS (If rural, give location) <u>3417 OXFORD AVE. 1</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING HOME</u>                         |  |  |  |

|                                     |                          |                       |                            |                                       |
|-------------------------------------|--------------------------|-----------------------|----------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joseph</u> | b. (Middle) <u>S.</u> | c. (Last) <u>Tapperson</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
|                                     |                          |                       |                            | <u>11</u> <u>19</u> <u>52</u>         |

|                    |                               |   |                                   |   |                        |                        |                       |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|-----------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>7-31-1895</u> | 9. AGE (In years last birthday) <u>57</u> | 10 UNDER 1 YEAR Months | 11 UNDER 24 HRS. Hours | 12 UNDER 24 HRS. Min. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|------------------------|-----------------------|

|   |  |   |  |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN-INTERNATIONAL SHOE CO.</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>ST. LOUIS, MO</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>JOSEPH B. TAPPERSON</u> | 13b. MOTHER'S MAIDEN NAME <u>INGERBORD SWENSON</u> | 14. NAME OF HUSBAND OR WIFE <u>IRENE TAPPERSON</u> |
|---|--|--|

|   |  |  |                            |
|---|--|--|----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES! WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>488-10-6952</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>IRENE TAPPERSON</u> | ADDRESS <u>3417 OXFORD</u> |
|---|--|--|----------------------------|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF BRAIN DUE TO (B) &amp; METASTATIC</u> |  | <u>UNKNOWN</u>                   |
|   | ANTECEDENT CAUSES<br>DUE TO (b) <u>CARCINOMA OF RIGHT LUNG, MALIGNANT</u><br>DUE TO (c)                      |  | <u>10 MONTHS</u>                 |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>   |  |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|   |  |                            |
|---|--|----------------------------|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Nov. 16, 1952, to Nov. 19, 1952, that I last saw the deceased alive on Nov. 19, 1952, and that death occurred at 12:30m., from the causes and on the date stated above.

|  |                                     |                                  |
|--|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>John F. Veitch, M.D.</u> (Degree or title) | 23b. ADDRESS <u>BARNES HOSPITAL</u> | 23c. DATE SIGNED <u>11/19/52</u> |
|--|-------------------------------------|----------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>NOV. 20, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u> |
|---|--------------------------------|---|--|

|  |   |  |
|--|---|--|
| DATE REC'D BY LOCAL REG. <u>11-20-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Domb-M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u> ADDRESS <u>4448 S. KINGSHIGHWAY</u> |
|--|---|--|

**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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.