

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11355
2323

State File No. 11355
Registrar's No. 2323

FILED MAR 24 1953

318

1003

BIRTH NO. _____ 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 Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2269	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2.6 1513 Cass ave 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1513 Cass ave			

3. NAME OF DECEASED (Type or Print) a. (First) Mike b. (Middle) Micheal c. (Last) Cap	4. DATE OF DEATH (Month) (Day) (Year) FEB. 27 53
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5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-14-87	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 MIN. Hours	13. UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Poland 4	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Cap	13b. MOTHER'S MAIDEN NAME Dont Know	14. NAME OF HUSBAND OR WIFE Cecillia Cap
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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) No	16. SOCIAL SECURITY NO. 495-22-7515a	17. INFORMANT'S SIGNATURE OR NAME Earl Whitten	ADDRESS 3188 Oakhill
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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, asphyxia, 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) Guns shot wound of head self inflicted when found in out side toilet in rear of home on Feb 27 1953 DUE TO (b) About 4:10 pm - Suicide		
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 while suffering from temporary mental aberration	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, airport, office bldg., etc.) toilet	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 27 53 4:10	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? E976X
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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 4:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Earl Whitten	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/28/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE 3/2/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. MAR 2 1953	REGISTRAR'S SIGNATURE Earl Whitten	25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home	ADDRESS 1841 Cass av
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *H. W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis Mo*

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.