

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11791**
Registrar's No. **2084**

FILED MAR 18 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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|--|----------------------------------|--|---|
| 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 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke Hospital | | d. STREET ADDRESS (If rural, give location) 2833 Russell | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lillie | | c. (Last) Kapper | |
| b. (Middle) | | 4. DATE OF DEATH (Month) (Day) (Year) Feb 21, 1953 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 12, 1895 |
| 9. AGE (In years last birthday) 57 | | 10. UNDER 1 YEAR Months | 11. UNDER 12 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St Louis Mo |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Herman Soller | |
| 13b. MOTHER'S MAIDEN NAME Lizzie Redecker | | 14. NAME OF HUSBAND OR WIFE John Kapper | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME John Kapper | | ADDRESS 2833 Russell | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic cerebral vascular disease DUE TO (c) hypertensive cardio-vascular disease 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 | |
| 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 20. DATE OF OPERATION | |
| 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? 443X | |
| 22. I hereby certify that I attended the deceased from 21 Feb 1953 , to 22 Feb 1953 , that I last saw the deceased alive on 22 Feb 1953 , and that death occurred at 5:45P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) John W. Berry, M.D. | | 23b. ADDRESS 3720 Washington Blvd. | |
| 23c. DATE SIGNED 2-23-53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 2/25/53 | | 24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St Louis Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons | |
| 25. ADDRESS 7027 Gravois | | DATE REC'D BY LOCAL REG. FEB 24 1953 | |
| REGISTRAR'S SIGNATURE Carl Smith M.D. | | REG. NO. 2084 | |

(Licensed Embalmer's Statement on Reverse Side)

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 E. P. Kidwell.....

Licensed Embalmer No. 3877.....

P. O. Address 7027 Gravois.....

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.