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R.# 105 050

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30674

State File No. ....

BIRTH NO. FILED AUG 25 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2242

40000

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

<b>1. PLACE OF DEATH</b> a. COUNTY ST. LOUIS		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 330 days	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or Print) FRANK		a. (First)	b. (Middle) M
		c. (Last) HUEPPAUFF	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) 8-13-53
<b>5. SEX</b> MALE <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> WHITE	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) MARRIED	<b>8. DATE OF BIRTH</b> 6-3-27
<b>9. AGE</b> (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) STUDENT		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> NONE	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) KANSAS CITY, MISSOURI
			<b>12. CITIZEN OF WHAT COUNTRY?</b> USA
<b>13a. FATHER'S NAME</b> FRITZ HUEPPAUFF		<b>13b. MOTHER'S MAIDEN NAME</b> GENEVA BRADLEY	<b>14. NAME OF HUSBAND OR WIFE</b> EDNA HUEPPAUFF
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII		<b>16. SOCIAL SECURITY NO.</b> 90 26 8309	<b>17. INFORMANT'S SIGNATURE OR NAME</b> VA HOSPITAL RECORDS, JEFF. BKS, MO.
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) HODGKINS DISEASE  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.  201X	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>	<b>(COUNTY)</b>
<b>(STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. VA	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
<b>22. I hereby certify that I attended the deceased from 9-17-52, 19____, to 8-13-53, 19____, that I was the one who attended the deceased, and that death occurred at 10:26P m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <i>[Signature]</i>		<b>(Degree or title)</b> M.D. VA HOSP. JEFF. BRKS, MO.	<b>23b. ADDRESS</b>
			<b>23c. DATE SIGNED</b> 8-14-53
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) Burial	<b>24b. DATE</b> 8-17-53	<b>24c. NAME OF CEMETERY OR CREMATORY</b> National Cem.	<b>24d. LOCATION</b> (City, town, or county) (State) Jeff. Brks, Mo.
<b>DATE REC'D BY LOCAL REG.</b> 8-17-53	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Southern Funeral Home 6322 S Grand Blvd.	
		<b>ADDRESS</b>	

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.....  
Signature of Student Embalmer

Signed *David Van Fossa*.....

Licensed Embalmer No. *4542*

P. O. Address *6322 So. Main*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.