

74078

STANDARD CERTIFICATE OF DEATH

37365

State File No. ....

FILED NOV 6 - 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9561

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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 Florissant 4051	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) RR #1 Box 594	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Lapusan c. (Last) Lapusan		4. DATE OF DEATH (Month) (Day) (Year) October 4 1953	
5. SEX ♀ Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH October 4 1953
9. AGE (In years last birthday)		10. MONTHS	11. DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? ---	
13a. FATHER'S NAME George William Lapusan		13b. MOTHER'S MAIDEN NAME Betty Jean Devine	
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---	
16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Betty Jean Lapusan	
18. ADDRESS Above add		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity incompatible with life (24 wks)  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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 774X		22. I hereby certify that I attended the deceased from Oct 4 1953, to Oct 4 1953, that I last saw the deceased alive on Oct 4 1953, and that death occurred at 11:05 Pm., from the causes and on the date stated above.	
23a. SIGNATURE Ethelmae W.D. (Degree or title)		23b. ADDRESS 630 S. Kingshighway	
23c. DATE SIGNED 10-5-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10-7-1953		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park Cem.	
24d. LOCATION (City, town, or county) St. Louis Co., Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. OCT 6 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Kriegshauser		4228 S. Kingshighway Bl	

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 Richard W. Storvoan

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.