

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45543**
Registrar's No. **12160**

FILED JAN 19 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 0		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 town) St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (in this place) 1 hr.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital		e. STREET ADDRESS (If rural, give location) 3728 Chippewa 2169 0	
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) E	
c. (Last) Schlapprizzi		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 14, 1888
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Months	11. IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office manager		10b. KIND OF BUSINESS OR INDUSTRY Masonic Employment	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Schlapprizzi		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Clara Schlapprizzi			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-07-3611	
17. INFORMANT'S SIGNATURE OR NAME Clara Schlapprizzi		ADDRESS 3728 Chippewa	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fr of skull, Subdural hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES suffered in collision between car (b) operated by deceased and car operated by Anna Meader, also (c) Blue Avenue and Hwy # 66		9:30 am	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS St Louis County, about 9:30 am Dec 25, 1953	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) St Louis County Mo		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25 53 9:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E8164			
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 _____, 19____, from the causes and on the date stated above. 26			
23a. SIGNATURE (Degree or title) Dr. Perry Augustin		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/29/53	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
DATE REC'D BY LOCAL REG. DEC 26 1953		REGISTRAR'S SIGNATURE J Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		ADDRESS 7027 Gravois	

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.....
Signature of Student Embalmer

Signed *C. P. Kidwell*.....

Licensed Embalmer No. *387*.....

P. O. Address *7027*.....

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.