

Mo. 300
Mo. 48

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2695

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0270**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (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 **St. Louis, Mo.**

c. CITY OR TOWN **St. Louis.**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital**

e. STREET ADDRESS (If rural, give location)
6 5637 Kennerly Ave. 2069

3. NAME OF DECEASED
a. (First) **Clifford** b. (Middle) **Cleo** c. (Last) **Cypret**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 11, 1954.

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Dec. 27, 1913**

9. AGE (In years last birthday) **40**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Teacher

10b. KIND OF BUSINESS OR INDUSTRY
Public School

11. BIRTHPLACE (City and State or Foreign Country) **Couch, Missouri.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Louis T. Cypret.**

13b. MOTHER'S MAIDEN NAME **Mary Caldwell.**

14. NAME OF HUSBAND OR WIFE **Edith Cypret.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No. Nil.

16. SOCIAL SECURITY NO. **487-20-4728**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Duane Cypret 5637 Kennerly Ave.

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) _____

INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Coronary Thrombosis**

DUE TO (c) _____

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 _____

20. AUTOPSY? YES NO

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)
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR _____

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 **7:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Edna Taylor Carver

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
1.12.54.

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
1-11-54

24c. NAME OF CEMETERY OR CREMATORY
Cotton Creek Cem.

24d. LOCATION (City, town, or county) (State)
Couch, Missouri.

DATE REC'D BY LOCAL REG. **1-11-54**
REGISTRAR'S SIGNATURE
Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Albert H. Hoppe, 4700 Washington.

(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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3741*.....

P. O. Address *St. Louis*.....

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.