

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2319
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 331 Registrar's No. 2119

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before ad. (date).) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY CITY, MO.</u>		c. CITY OR TOWN <u>University City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7260 Northmoor</u>		e. STREET ADDRESS (If rural, give location) <u>7260 Northmoor Dr.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>LOT</u>	
c. (Last) <u>SCHUPPE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 4 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/13/99</u>
9. AGE (In years last birthday) <u>55</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comptroller</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Boyd Clothing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Chas. Schuppe</u>	
13b. MOTHER'S MAIDEN NAME <u>Dena Schlagel</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Schuppe O'Reilly</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>488-10-0374</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Julia Schuppe</u>		18. ADDRESS <u>7260 Northmoor</u>	
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) <u>Metastatic carcinoma of pericardium</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary bronchogenic carcinoma, left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
DUE TO (c) <u>162X</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of left lung at time of left pneumonectomy</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-3</u> , 19 <u>50</u> , to <u>9-4</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>54</u> , and that death occurred at <u>1:00 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>David M. Skilling Jr. M.D.</u>		23b. ADDRESS <u>Barnes Hospital</u>	
23c. DATE SIGNED <u>9-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/7/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calyary Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/6/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>		ADDRESS <u>5145 ... Blvd.</u>	

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.....
Licensed Embalmer No.....

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