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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28218

FILED SEP 6 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7208**

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, Missouri.	c. LENGTH OF STAY (in this place) 2 1/2 WKS.	c. CITY OR TOWN St. Louis,	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 St. Lukes Hospital..		e. STREET ADDRESS (If rural, give location) #5531 Chamberlain Ave,	

3. NAME OF DECEASED (Type or Print) a. (First) DILLARD	b. (Middle) SIMPSON	c. (Last) TAPP.	4. DATE OF DEATH (Month) (Day) (Year) Aug 17, 1955.
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.	8. DATE OF BIRTH May 30, 1878.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman.		10b. KIND OF BUSINESS OR INDUSTRY Waldeck Packing Co.,	11. BIRTHPLACE (City and State or Foreign Country) / Kentucky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Alvin Buford Tapp.	13b. MOTHER'S MAIDEN NAME Emily Young.	14. NAME OF HUSBAND OR WIFE Mable Terry Tapp.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. _____ (If yes, give year or date of service)	16. SOCIAL SECURITY NO. 494-09-4973	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs A. G. Hillen 7635 Carrswold Dr,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CANCER OF THE LUNG	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	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.		

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) (Min)	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 **Aug. 1**, 1955, to **Aug. 17**, 1955, that I last saw the deceased alive on **Aug. 17**, 1955, and that death occurred at **7:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William A. Tapp, Jr. M.D.	23b. ADDRESS 3720 Washington, E. Louis	23c. DATE SIGNED 8/18/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/19/1955.	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery..
24d. LOCATION (City, town, or county) (State) Union, Missouri.		

DATE REC'D BY LOCAL REG. AUG 18 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons, #7233 Delmar Blv'd.,
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(Licensed Embalmer's Statement on Reverse Side)

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

*3120 Washington Bldg. D.,
JE: 1-8990.
Thurs. 1 To 4.

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.