

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

31747

State File No.

10.300
10.48

FILED OCT 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2225

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	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 <u>St. Louis Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>10873 Halls Ferry Road</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>STEVE</u>	b. (Middle) <u>B</u>	c. (Last) <u>HAPPE JR.</u>	<u>Sept. 24 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-9-1907</u>		9. AGE (In years last birthday) <u>48</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steve Happe Sr</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>					

13a. FATHER'S NAME <u>Steve Happe</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Kanke</u>	14. NAME OF HUSBAND OR WIFE <u>Adele Happe</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adele Happe</u> ADDRESS <u>10873 Halls Ferry Road</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u> DUE TO (c) <u>Chronic Alcoholic</u>		
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) m.	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 9-17- 1955, to 9-24- 1955, that I last saw the deceased alive on 9-24- 1955, and that death occurred at 2:34 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Froelich, M.D.</u>	23b. ADDRESS <u>6015 Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>9-24-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>

DATE REC'D BY LOCAL REG. <u>9-26-55</u>	REGISTRAR'S SIGNATURE <u>Richard S. Hamke, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Koch & Son</u>	ADDRESS <u>3516 E. 14th</u>
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(Licensed Embalmer's Signature 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.....
B. Hoffmann

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.