FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11423

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2594

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
d. STREET ADDRESS (If rural, give location): #5063 Raymond Avenue,

3. NAME OF DECEASED (Type or Print): a. (First) WILBERT b. (Middle) C. c. (Last) SHUPP.

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1956.

5. SEX: Male.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed.
8. DATE OF BIRTH: Nov 16, 1867.
9. AGE (In years last birthday): 88. 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): Retired Minister.
10b. KIND OF BUSINESS OR INDUSTRY: Supt Anti-saloon League.
11. BIRTHPLACE (State or foreign country): Glenville, Ohio.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Elias Shupp.
13b. MOTHER'S MAIDEN NAME: Christina Zimmerman.
14. NAME OF HUSBAND OR WIFE: Anna May Shupp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lucille Slusher, 5063 Raymond 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, asthenia, 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) Arteriosclerotic Heart disease — unknown
Arteriosclerotic heart disease

ANTECEDENT CAUSES
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.* Carcinoma of prostate — unknown
carcinoma of prostate

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** 420.0H | **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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **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* Aug 30, 1955, *to* March 10 1956 *that I last saw the deceased alive on* March 9, 1956, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Lewis L. Littman (Degree or Title) MD | **23b. ADDRESS** 8231 Clayton Rd. 8231 Clayton Rd (17) | **23c. DATE SIGNED** 3/12/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal. | **24b. DATE:** 3/13/56. | **24c. NAME OF CEMETERY OR CREMATORY:** Valhalla Cemetery.. | **24d. LOCATION** (City, town, or county) (State): #7600 St. Charles Rock Road.

DATE REC'D BY LOCAL REG.: MAR 13 1956 | **REGISTRAR'S SIGNATURE** J. Carl Smith MD MD | **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS:** C. R. Lupton & Sons, #7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Lewis Littman.
8231 ~~[illegible]~~ Clayton Road.
PA: 7-0202.
HOW. 300 To 500 P.M.

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 .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.