

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17775
3783BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis,</u>		c. CITY OR TOWN <u>St. Louis,</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>Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>4716 Sigel Ave</u> <u>2027</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) c. (Last) <u>DISPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 14, 1956</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>June 29, 1881</u>
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months Days	10. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Last Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Krentler Last Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany (Naturalized)</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S</u>		13a. FATHER'S NAME <u>Peter Disper.</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Weber</u>		14. NAME OF HUSBAND OR WIFE <u>Hedwig (Hattie) Disper</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>Hedwig Disper-4716 Sigel Ave</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hedwig Disper-4716 Sigel Ave</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lungs - metastases</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Bladder</u> <u>Carcinoma of Prostate</u> 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 <u>Carcinoma of Urinary Bladder</u> <u>177X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3/5/56</u>	
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) <u>St. Louis</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/5, 1956</u> , to <u>4/14, 1956</u> , that I last saw the deceased alive on <u>4/13, 1956</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank G. Jungale M.D.</u>		23b. ADDRESS <u>16 Hampton Village St</u>	
23c. DATE SIGNED <u>4/16/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 17, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery St. Louis,</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
DATE REC'D BY LOCAL REG. <u>APR 16 1956</u>	REGISTRAR'S SIGNATURE <u>Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser-4228 S. Kingshighway Bl.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *Richard W. Storrsan*

Licensed Embalmer No...40

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.