S. No. 300
v. 10.48

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

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35796

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8772

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 3Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5038 Idaho Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 2159 5038 Idaho Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle):
c. (Last): Lapp

4. DATE OF DEATH (Month) (Day) (Year): Sept 21 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2 1884
9. AGE (In years last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (City and State or Foreign Country): Kirksville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Moses Moore
13b. MOTHER'S MAIDEN NAME: Sarah ?
14. NAME OF HUSBAND OR WIFE: George H. Lapp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): .....
16. SOCIAL SECURITY NO.: 492-05-1619
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: George H Lapp 5038 Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 10 yrs.
DUE TO (c) 1. Congestive Failure — 3 wks
2. RAPID AURICULAR FIBRILLATION — 3 wks

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* HYPERTENSION — 9 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES [ ] NO [X]

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* 8/22, 1947, *to* 9-21, 1956, *that I last saw the deceased alive on* 9-17, 1956, *and that death occurred at* 5 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE Charles B. Ladd (Degree or title) MD
23b. ADDRESS 7430 Virginia Ave
23c. DATE SIGNED 9-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 24 1956
24c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cemty
24d. LOCATION (City, town, or county) (State): St.Louis Mo.

DATE REC'D BY LOCAL REG.: SEP 24 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Weick Bros 2201 S.Grand Blvd

S.P. (Licensed Embalmer's Statement on Reverse Side)

Dr.D.Benjamin
7430 Virginia
Ve 2 2340
1.30 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba
by me, or by ....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Homer H. Fritz

Licensed Embalmer No..38..

P. O. Address..St. Lo

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