THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36071

STATE FILE NUMBER

FILED NOV 16 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9710

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips — Length of stay in 1b 3 days 28

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5575 Wells — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Luella Middle Last Rappue

4. DATE OF DEATH Month 10 Day 23 Year 56

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED # DIVORCED ☐

8. DATE OF BIRTH Sep. 15, 1886

9. AGE (In years last birthday) 70 — 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) Dental Assistant

10b. KIND OF BUSINESS OR INDUSTRY Dentist

11. BIRTHPLACE (City and state or country) Arlington, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. N. Glover

14. MOTHER'S MAIDEN NAME Nancy Shastrick

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. 496-28-6019A

17. INFORMANT Pauline Church — Address 5575 Wells Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial InFarction due to Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Shock - Generalized Arteriosclerosis - Cardiac Insufficiency

19. WAS AUTOPSY PERFORMED? YES ☑ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

42 off.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-20-56, to 10-23-56 and last saw her alive on 10-23-56
Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Waters, M. D.

22b. ADDRESS 2601 Whittier Street

22c. DATE SIGNED 10-23-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10/25/56

23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Drehmann Harral — ADDRESS 1905 Union Bvd.

25. DATE RECD. BY LOCAL REG. OCT 24 1956

26. REGISTRAR'S SIGNATURE Carl Smith, MD MDB

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Warren A. Carv

Licensed Embalmer No. 3

P. O. Address .....

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