

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

48134
10929

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp.			Length of stay in 1b		d. STREET ADDRESS 2378 2137. Russell ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EDWARD Middle HAPKE Last				4. DATE OF DEATH 11-27-56 Month Day Year						
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-12-1919		9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days Hours Min		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) warehouse worker			10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (City and state or country) Blair, Ill.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry Hapke				14. MOTHER'S MAIDEN NAME Dora Knop						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 357-28-9618		17. INFORMANT Schaack F. Home, Steeleville, Ill. Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of the Cervical spine with large injury;								INTERVAL BETWEEN ONSET AND DEATH		
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 ILLNESS OR CONDITION GIVEN IN PART I (a) Stellator shaft while working at Schaeffer Camp #1 of 904 20 14th Str., about 9:20 am.								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Section 18) Stellator shaft while working at Schaeffer Camp #1 of 904 20 14th Str., about 9:20 am.							
20c. TIME OF INJURY Hour 9:20 a. m. Month, Day, Year 11 27 56			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Factory		20f. CITY, TOWN OR LOCATION St Louis Mo COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw ^{him} alive on _____ Death occurred at 1000 A. m on the date stated above; and to the best of my knowledge, from the causes stated:										
22a. SIGNATURE James M Kelly Deputy (Name or title)					22b. ADDRESS 1300 Clark			22c. DATE SIGNED 11-29-56		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 11-28-56		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State) Steeleville, Ill.			
24. FUNERAL DIRECTOR Schaack, Steeleville, Ill. ADDRESS				25. DATE RECD. BY LOCAL REG. NOV 29 1956		26. REGISTRAR'S SIGNATURE Carl Smith MO				

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 *W E Morris*.....

Licensed Embalmer No. *30*

P. O. Address *St Louis*

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.