

FILED JUL 1 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 357 02307 0
REGISTRATION DISTRICT NO. 317 PRIMARY REGISTRATION DISTRICT NO. 541 REGISTRAR'S NO. 1448

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Woodson Terrace Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp. D.O.A.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4451 Herbert Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DORIS Middle C. Last STUPPY			4. DATE OF DEATH Month June Day 5 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor-Aneththist-City Hospital		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 33
11. BIRTHPLACE (City and state or country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James Cates		14. MOTHER'S MAIDEN NAME Unknown Mabel Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Kenneth F. Stuppy 4451 Herbert Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute respiratory failure due to central nervous poisoning due to combination of barbiturate and morphine, probably suicidal			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 DISEASE CONDITION GIVEN IN PART I(n)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Self ingested overdose of barbiturates and morphine	
20c. TIME OF INJURY Hour 9:50 Month 6 Day 5 Year 1957 P. M. P. body was found		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) bedroom of home	
20e. CITY, TOWN, OR LOCATION Woodson Terrace		400 COUNTY St. Louis	STATE Mo.
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 6:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond H. Haind 3 Coroner		22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 6/25/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 10, 1957	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR Kriegshauser		ADDRESS 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG. 6-7-57
			26. REGISTRAR'S SIGNATURE Heber R. Lomke, Jr.

(Licensed Embalmer's Statement on Reverse Side)

300
-55

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Storrs*

Licensed Embalmer No. *4*

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.