

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016682

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1249

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FENTON</u> <u>4000</u> ⁰		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS P HOSP</u>			Length of stay in lb <u>DOA</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1-Box 481</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JUDITH</u> Middle <u>SUE</u> Last <u>GAPSCH</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>4</u> Year <u>1958</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY-2-1940</u> <u>17</u>		9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>17</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS P, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>BENJAMIN G. TRUEMAN</u>				14. MOTHER'S MAIDEN NAME <u>MARCELLA MINTZ</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>487-40-6955</u>		17. INFORMANT <u>MR KENNETH GAPSCH</u> Address <u>Rt. 1, Box 481 FENTON, MO</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Severe injury to cervical spinal cord to a degree inconsistent with life due to effects of sudden deceleration accident</u> 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)							INTERVAL BETWEEN ONSET AND DEATH
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 item 18.) <u>Operator of car which for some unexplained reason went off the road, striking a pole</u>				
20c. TIME OF INJURY <u>9:00 approx.</u> Hour <u>9:00</u> p. m. Month <u>5</u> Day <u>4</u> Year <u>58</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		20f. CITY, TOWN, OR LOCATION <u>Rural</u>		COUNTY <u>400</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Raymond Hand</u> Coroner				22b. ADDRESS <u>Clayton, Mo.</u>		22c. DATE SIGNED <u>5/8/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY-8-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST LUCAS CEM</u>		23d. LOCATION (City, town, or county) (State) <u>Sappington Mo.</u>		
24. FUNERAL DIRECTOR <u>FEY FUNERAL HOME</u> ADDRESS <u>MEHNVILLE, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-7-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Doak</u>		

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. *33*.....

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.