

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020529
Standard No.

FILED MAY 26 1958

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1325

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) NORMANDY		c. LENGTH OF STAY (in this place) 3 Hours	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY OSTEOPATHIC HOSPITAL		c. CITY OR TOWN BISSELL HILLS (15)	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 10409 Colburg Lands Dr.	

3. NAME OF DECEASED (Type or Print) ELSIE REGINA KAPLES		4. DATE OF DEATH (Month) (Day) (Year) MAY 16 1958	
5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4/4/15	
9. AGE (In years last birthday) 43		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11. BIRTHPLACE (City and State or Foreign Country) ST. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Phillip Thomann		13b. MOTHER'S MAIDEN NAME Elizabeth Unnerstall		14. NAME OF HUSBAND OR WIFE (His band) William R. Kaples	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-03-7315		17. INFORMANT'S SIGNATURE OR NAME John Kaples 10409 Colburg (15)	
				ADDRESS	

18. CAUSE OF DEATH 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RIGHT CEREBRAL HAEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 4 HRS.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RIGHT FRONTAL + TEMPORAL NEOPLASIA UNKNOWN			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 723x		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5-16-1958**, to **5-16-1958**, that I last saw the deceased alive on **5-16-1958**, and that death occurred at **2:33P.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Harley (Degree or title)		23b. ADDRESS 26623 Sullivan St. St. Louis Mo.		23c. DATE SIGNED 5-16-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 19, 1958		24c. NAME OF CEMETERY OR CREMATORY Calvary	
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Buchholz Mortuary	
DATE REC'D BY LOCAL REG. 5-17-58		REGISTRAR'S SIGNATURE Delbert G. Danke M.D.		ADDRESS 5967 W. Florissant, Ave	

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

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 *Gus W. [Signature]*.....
Licensed Embalmer No. 432

P. O. Address *[Signature]*.....

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