

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023712  
State File No. 5054  
Registrar's No.

FILED JUN 16 1958

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5054

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN Ellisville 4000	
c. LENGTH OF STAY (in this place) 12 Hrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp.		e. STREET ADDRESS (If rural, give location) 27 Weis Avenue	
3. NAME OF DECEASED (Type or Print) Roy Charles Sappington		4. DATE OF DEATH (Month) (Day) (Year) May 10 1958	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 2, 1920	
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) truck driver		10b. KIND OF BUSINESS OR INDUSTRY Froesel Oil Co.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Roy O. Sappington		13b. MOTHER'S MAIDEN NAME Charlotte Koewing	
14. NAME OF HUSBAND OR WIFE Lavonia Blankenship			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 715-07-8688	
17. INFORMANT'S SIGNATURE OR NAME Lavonia Sappington		ADDRESS Ellisville, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain hemorrhage due to rupture of artery of brain ANTECEDENT CAUSES DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-5-1953 to 5-10-1958, that I last saw the deceased alive on 5-10-1958, and that death occurred at 4:30 pm., from the causes and on the date stated above.			
23a. SIGNATURE J. J. [Signature] M.D.		23b. ADDRESS 634 N. Grand Blvd.	
23c. DATE SIGNED 5/12/58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-58	
24c. NAME OF CEMETERY OR CREMATORY Bumbo Cemetery		24d. LOCATION (City, town, or county) (State) Gumbo, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 13 1958 J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home Ballwin Mo.	

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.....  
*Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.