

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026829

FILED JUL 21 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 6881

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 149 N. Margurite Ave.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Frank J. Clapper		b. (Middle)	
c. (Last)		7/9/58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/10/96
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elect. Foreman		10b. KIND OF BUSINESS OR INDUSTRY Dorsch Ele.	
11. BIRTHPLACE (State or foreign country) Centrlia, Ill. 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Clapper		13b. MOTHER'S MAIDEN NAME Anna Housephel	
14. NAME OF HUSBAND OR WIFE Genevieve Shevlin			
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO. 493-07-6567	
17. INFORMANT'S SIGNATURE OR NAME Genevieve Clapper		ADDRESS 149 N. Margurite	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction old infarction Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Infarction DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1	
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 4-2-1957, to 7-8-1958 that I last saw the deceased alive on 7-8-1958, and that death occurred at 12:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE M. D. Johnson (Degree or title)		23b. ADDRESS 40 N. Florissant Rd.	
23c. DATE SIGNED 7-9-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/11/58	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. JUL 10 58		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS white-Mullen 118 N. Florissant Rd.	

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 _____
Student Embalmer

Signed _____

Eleanore Province

Licensed Embalmer No. _____

2403

P. O. Address _____

Jennings Ma

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 this body is not embalmed, fact should be so stated above.