

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027152
STATE FILE NUMBER

FILED JUL 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6291

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Overland, Mo.	
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis-Little Rock Hosp., Inc.		d. STREET ADDRESS (If outside, give location) 2364 Addie Ave.	
3. NAME OF DECEASED (Type or print) First Pryor Middle Abraham Last Lapp		4. DATE OF DEATH Month June Day 20 Year 1958	
5. SEX Male	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 June 9, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) BUTTLER, ILL. USA
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Caroline Lapp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT LENA EASTNER LAPP OVERLAND MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Sudden Many years	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 16, 1958 to June 20, 1958 and last saw him alive on June 19, 1958 Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Paul West M.D.	
22b. ADDRESS 1755 S. Grand Ave.		22c. DATE SIGNED JUN 20 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 6-23-58	23c. NAME OF CEMETERY OR CREMATORY OARGROVE	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY
24. FUNERAL DIRECTOR Ortmann Funeral Home Overland, Mo.		25. DATE RECD. BY LOCAL REG. JUN 20 1958	26. REGISTRAR'S SIGNATURE Paul Smith M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *A. C. Ortman*

Licensed Embalmer No. *3478*

P. O. Address *Dresden, Tenn.*

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.