

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007017

STATE FILE NUMBER

2 2044

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) St. Louis Little Rock Hospital, Inc.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1201 North 7th Street
3. NAME OF DECEASED (Type or print) First James Middle Walter Last Cupp			4. DATE OF DEATH Month February Day 26 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH September 24, 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
Brakeman (Pensbr.)		Railroad	82
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?	
Lima, Ohio		U.S.A.	
13a. FATHER'S NAME Frank Cupp		13b. MOTHER'S MAIDEN NAME Mary Weaver	14. NAME OF HUSBAND OR WIFE Julia (Fults) Cupp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT Address George Harton 1201 N.7th St.
18. CAUSE OF DEATH (Enter only one cause for line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with decompensation			INTERVAL BETWEEN ONSET AND DEATH many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 420.0			1 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ 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 death occurred at Feb 17 1959 to February 26, 1959 and last saw him alive on February 25, 1959		3:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Loan Smith M.D.		22b. ADDRESS 1755 South Grand Ave.	22c. DATE SIGNED 2/26/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-28-59	23c. NAME OF CEMETERY OR CREMATORY Lakeview Gardens	23d. LOCATION (City, town, or county) (State) East St. Louis Ill
24. FUNERAL DIRECTOR ADDRESS Kurrus Funeral Home East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. FEB 26 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 20 1959

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 *W.A. Embalmer*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Charles J. Kuss*

Licensed Embalmer No.....

P. O. Address.....

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.