Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007554
STATE FILE NUMBER 2 1037

FILED FEB 17 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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 X No	c. CITY OR TOWN St. Louis — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital — Length of stay in Ib 1 week	d. STREET ADDRESS 4133 No. Taylor (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Elizabeth; Middle M.; Last Rapp

4. DATE OF DEATH: Month Jan.; Day 28; Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 14, 1902

9. AGE (In years on last birthday): 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stenographer

10b. KIND OF BUSINESS OR INDUSTRY: Motion Picture

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME: Herman Rapp

13b. MOTHER'S MAIDEN NAME: Julia Frick

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: # — —

17. INFORMANT: Frances Rapp 4133 No. Taylor Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Massive atelectasis lungs c̄ by hemothorax — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) carcinoma mediastinum — 3 months

DUE TO (c) primary carcinoma breast (removed) — 6 yrs ago

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): large occipital infarct about (8 days)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 170X

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1938, to 1/28/59 and last saw her/him alive on 1/28/59. Death occurred at 11:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. A. McGuire (Degree or title) M.D.

22b. ADDRESS 226 S. Meramec Clayton, Mo. 226 S Meramec Clayton Mo

22c. DATE SIGNED 1/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan. 31, 1959

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Stroot Carroll ADDRESS: 4600 Natural Bridge

25. DATE RECEIVED BY LOCAL REG.: JAN 31 1959

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. C.R.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. [illegible] Shire

Feb-1929

[illegible] 30/[illegible]

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 M. W. Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis, M

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.