

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016173

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1098

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Richmond Hgts.		c. CITY OR TOWN Richmond Heights Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8706 Nashville		Length of stay in lb 23 yrs	
3. NAME OF DECEASED (Type or print) First MORRIS Middle LAPP Last		4. DATE OF DEATH Month Apr. Day 20 Year 1959	
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 APR. 15, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee		10b. KIND OF BUSINESS OR INDUSTRY Garm. Manf.	9. AGE (In years last birthday) 73
13. FATHER'S NAME Gidaliah Lapp		14. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Ida Lapp 8706 Nashville
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial Infarction DUE TO (b) Coronary Thrombosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerotic Cardiovascular Disease 4201			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 day
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 _____ 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 APRIL 20, 1959 to APRIL 20, 1959 and last saw ^{her} him alive on APRIL 20, 1959 Death occurred at 11:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John Birenbaum M.D. (Degree or title)		22b. ADDRESS 462 N. Taylor	
		22c. DATE SIGNED 4/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Bur.		23b. DATE 4/22/59	
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo.	
24. FUNERAL DIRECTOR Berger Memorial 4715 ADDRESS Mc herson		25. DATE RECD. BY LOCAL REG. 4-21-59	
		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STAMPED IN FULL ON THIS FORM MUST BE EXACTLY RELATED. CORRECTOR CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.