

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 2 1960

212203

STATE FILE NUMBER - 39-047059

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		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4027 Magnolia Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4027 Magnolia Ave.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First John Middle L. Last Wallrapp			4. DATE OF DEATH Month Dec. Day 31, 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 5/26/66	9. AGE (last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (retired) Ins. Agent		10b. KIND OF BUSINESS OR INDUSTRY American-National	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Louis Wallrapp		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Fischer Wall-	
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. unknown	17. INFORMANT Oscar J. Wallrapp Address 4027 Magnolia Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
IMMEDIATE CAUSE (a) Carcinoma - Stomach		
DUE TO (b) _____		
DUE TO (c) 151x		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.	Month, Day, Year	

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 St. Louis, Mo	COUNTY	STATE
21. I attended the deceased from 1955 to 12/31/59 and last saw him alive on 12/31/59 Death occurred at 11:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated				

22a. SIGNATURE Penelope	(Degree or title)	22b. ADDRESS 8059 Watson Rd.	22c. DATE SIGNED 1/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 2, 1960	23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery	23d. LOCATION (City, town, or county) St. Louis Co., Missouri

24. FUNERAL DIRECTOR WACKER-HELDERLE-3634	ADDRESS Gravois Ave.	25. DATE RECD. BY LOCAL REG. JAN 1 1960	26. REGISTRAR'S SIGNATURE Roan Smith. M.D.
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

m j B.

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Richard J. Krupinski

Licensed Embalmer No. 3497

P. O. Address St. Louis

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