

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040658

FILED VS OCT 24 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3012

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chesterfield</u>		Length of stay in Tb <u>20 Yrs.</u>	c. CITY OR TOWN <u>Chesterfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wild Horse Creek Road</u>		d. STREET ADDRESS (If outside, give location) <u>Wild Horse Creek Rd.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charlotte</u> Middle <u>Sappington</u> Last <u>Sappington</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>15</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-14-01</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Koewing</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Hoch</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Sappington</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Charles Koewing Chesterfield Mo.</u> Address <u> </u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterial Sclerosis.</u>	
	DUE TO (c) <u>Arterial Hypertension.</u>	
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 checked="" 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year <u> </u>	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 1945 to 1960 and last saw her/him alive on Oct 15 - 1960
Death occurred at 8:15 P.M. Oct 15 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Joseph W. Larmore M.D.</u> (Degree or title)	22b. ADDRESS <u>6 Washington France Home</u>	22c. DATE SIGNED <u>10/16/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-18-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gumbo Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Gumbo Missouri</u>		

24. FUNERAL DIRECTOR <u>Schrader Funeral Home Ballwin Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10-17-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Mumfley M.D.</u>
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Bopp

Licensed Embalmer No. 458

P. O. Address Baltimore

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.