

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048239

FILED VS JAN 5 1961 3 17 Registration District No. Primary Registration District No. 547 Registrar's No. 3659 STATE FILE NUMBER

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) OR TOWN Richmond Heights		Length of stay in 1b 3 weeks		c. CITY OR TOWN Creve Coeur,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.R.#2 Castillon Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last CHARLOTTE (LOTTIE) LAPP				4. DATE OF DEATH Month Day Year Dec. 18, 1960									
5. SEX Female		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 7-17-1880		9. AGE (last birthday) 80		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home			11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME Julius Brand				13b. MOTHER'S MAIDEN NAME CHARLOTTE FAGRUB				14. NAME OF HUSBAND OR WIFE Late John Lapp					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No				16. SOCIAL SECURITY NO. None				17. INFORMANT Chesterfield, Mo.					
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 Myo Cardial Infarction				INTERVAL BETWEEN ONSET AND DEATH 3 weeks									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Generalized Atherosclerosis				10 yrs.									
DUE TO (c)													
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 PERFORMER? 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		COUNTY		STATE					
21. I attended the deceased from June 1958 , to 12/18/60 and last saw her alive on 12/18/60		Death occurred at 7:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Martin G. Quater (Degree of title)				22b. ADDRESS 634 N Grand.				22c. DATE SIGNED 12/19/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 21, 1960		23c. NAME OF CEMETERY OR CREMATORY St Peters		23d. LOCATION (City, town, or county) St. Louis County, Mo.							
24. FUNERAL DIRECTOR Kriegshausen-9450 Olive Str Rd.				25. DATE RECD. BY LOCAL REG. 12-20-60		26. REGISTRAR'S SIGNATURE John E. ...							

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 William B White

Licensed Embalmer No. 4281

P. O. Address 4281

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.