SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007167
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 505

FILED VS MAR 7 1961

DATE AMENDED 7/7

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS, MO.
Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM. HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4014A LEE AVENUE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EMIL Middle LOUIS Last LASPE

4. DATE OF DEATH: Month 2 Day 19 Year 1961

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-3-98
9. AGE (last birthday): 62 YRS
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BREWERY WORKER
10b. KIND OF BUSINESS OR INDUSTRY: Anheuser-Busch BREWERY
11. BIRTHPLACE (City and state or country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: AUGUST LASPE
13b. MOTHER'S MAIDEN NAME: LOUISE KOLBE
14. NAME OF HUSBAND OR WIFE: ELIZABETH H. LASPE

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

17. INFORMANT: ELIZABETH H. LASPE Address: 4014A LEE AVE ST LOUIS

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): TUMOR OF THE BRAIN (ASTROCYTOMA)
INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 MONS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ 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. VA attended the deceased from 2-17-61, to 2-19-61 and last saw her/him alive on 6:10 AM 2-19-61
Death occurred at 6:10AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Casimir Wogenis, MD
22b. ADDRESS: VAH. JEFF BRKS. 25, MO
22c. DATE SIGNED: 2-19-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 22, 1961
23c. NAME OF CEMETERY OR CREMATORY: St. Paul Churchyard
23d. LOCATION (City, town, or county): St. Louis (State): Missouri

24. FUNERAL DIRECTOR: MATH HERMANN & SONS, ADDRESS: ST. LOUIS, MO. 2161 E. FAIR
25. DATE RECD. BY LOCAL REG.: 2-20-61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Hulford G Beasley

Licensed Embalmer No. 4262

P. O. Address St Louis

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.