

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038530

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 44

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0951

2 0951

3 2

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. GENEVIEVE</u>		Length of stay in 1b <u>42 YRS</u>	c. CITY OR TOWN <u>ST. GENEVIEVE</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>164 SO. 10<sup>TH</sup> ST</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>164 SO 10<sup>TH</sup> ST</u>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>XAVIER</u> Last <u>STUPPY</u>			4. DATE OF DEATH Month <u>SEPT</u> Day <u>15</u> Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/10/90</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>ZELL MO</u>
11. BIRTHPLACE (City and state or country) <u>ZELL MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>REINHARDT STUPPY</u>		13b. MOTHER'S MAIDEN NAME <u>THERESA KUHN</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA BPT.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>YES</u> )		17. INFORMANT <u>CLARA STUPPY ST. GENEVIEVE MO</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 occlusion</u> <u>coronary arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) <u>?</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 min</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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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. <u>?</u> 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 <u>Sept 15/63</u> to <u>Sept 15/63</u> and last saw him live on <u>Sept 15/63</u> Death occurred at <u>11 30 P</u> m on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Death or title) <u>George F. Wood</u>		22b. ADDRESS <u>St. Genevieve Mo</u>	22c. DATE SIGNED <u>Sept 17/63</u>
23a. BURIAL CREMATION, or other (Specify)	23b. DATE <u>SEPT 18 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VALLEY SPRING</u>	23d. LOCATION (City, town, or county) <u>ST. GENEVIEVE MO</u>
24. FUNERAL DIRECTOR <u>Geo. Baxter St. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>17 September 1963</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>

SEP 26 1963

OCT 8 1963

DEC 18 1963

**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

*Adrian J. Ecker*

Licensed Embalmer No.

4740

P. O. Address

*St. Genevieve, Mo.*

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.