

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

39886

**1. PLACE OF DEATH**

County.....  
Township.....  
City St Louis (No. 2603)

Registration District No. 791  
Primary Registration District No. 1003  
Hickory St

File No. ....  
Registered No. 11887  
St. .... Ward)

**2. FULL NAME**

Louise Pappath

(a) Residence No. 2603 Hickory St. 22 Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustav Pappath

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 - 1888

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>36</u>	<u>2</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home wife  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Herman Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER George Weber

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Herman Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Gustav Pappath  
(Address) 2603 Hickory

15. FILED DEC 16 1925 mar 6 Stark copy  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1926

17. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1926 to Dec 15, 1926, and that I last saw her alive on Dec 15, 1926, and that death occurred, on the date stated above, at 10:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
Apoplexy  
22A  
97 (duration) yrs. mos. da.

CONTRIBUTORY arteriosclerosis  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) B. Schaefer M. D.  
12/15, 1926 (Address) 1514 20 Jefferson

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herman Mo DATE OF BURIAL Dec 17 1926

20. UNDERTAKER Wm L. Moy dell ADDRESS 1926 Allen

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

