

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

Do not use this space.

35514

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

(No.)

.....

File No.....

10703

Registered No.....

St.

Ward)

2. FULL NAME

(a) Residence. No.

(Usual place of abode)

George Zapp

St.

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Married

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Aurelia Zapp

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

December 8 - 18

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

11

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Foreman

(b) General nature of industry, business, or establishment in which employed (or employer)

Missouri Betting Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Missouri

10. NAME OF FATHER

Adolph Zapp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germania

12. MAIDEN NAME OF MOTHER

Margaret Stalcker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germania

14.

INFORMANT

(Address)

*Aurelia Zapp
4763 Dahlia Ave.*

15.

FILED

NOV 29 1927

Marcel Starceff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

November 29 1927

17.

I HEREBY CERTIFY, That I attended deceased from *Oct 23* 1927, to *Nov 25* 1927, that I last saw him alive on *Nov 25* 1927, and that death occurred, on the date stated above, at *1:15 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma (Laryngeal)

147 A

(duration) *1* yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Henry L. Field*

..... M. D.

Nov 29 1927 (Address) *4625 Scaulan Ave*

*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

DATE OF BURIAL

Mount Olive Cemetery

Dec 2 1927

20. UNDERTAKER

ADDRESS

Wacker-Felderle *3636 Grand*

X. 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.

