

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

Do not use this space.

17487

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. Southern Hospital)

File No.
Registered No. 4560
St. Ward)

2. FULL NAME

Frank Kappelmann

(a) Residence. No. SU. 24 Ward. Franklin Co. Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Kappelmann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1877

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>2</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Franklin Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Kappelmann

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Otto F. Hermann
(Address) 207 Maple Ave

15. FILED May 2 1930 Ray C. Starkey REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-10-30, 1930 to 5-6-30, 1930 that I last saw him alive on 5-6-30, 1930 and that death occurred, on the date stated above, at 7:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema of Gall Bladder

12.7A (duration) 4 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) 1/25 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH. Yes DATE OF 4-14-30

WAS THERE AN AUTOPSY Yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Histologic
(Signed) Theo H. Jansen, M. D.

5/6, 1930 (Address) 3657 Selmer

*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 Union Mo. DATE OF BURIAL 5-11 1930

20. UNDERTAKER L. B. Ostmann ADDRESS Union Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

