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

Do not use this space. 7627

1. PLACE OF DEATH
County ——
Township ——
City St Louis (No. 3737 Page St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 1987

2. FULL NAME George Rapp
(a) Residence. No. 3737 Page St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 14-1850
7. AGE: Years 80; Months 2; Days ——; If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ——
(c) Name of employer: ——
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

PARENTS
10. NAME OF FATHER: John Rapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Gussie Rapp
(Address) 3737 Page Blvd
15. FILED FEB 14 1931, 19 Max C. Farber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 14 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Feb. 14, 1931 that I last saw h..... alive on 2 55 a, and that death occurred, on the date stated above, at 2 55 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ——
DID AN OPERATION PRECEDE DEATH? No DATE OF ——
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Geo B Kroeger, M. D.
2/14, 1931 (Address) 3442 Geraldine

*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: Loonville Mo
DATE OF BURIAL: Feby 15 1931
20. UNDERTAKER: Mo P Collins
ADDRESS: 728 N Grand Bl

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.