

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

Do not use this space.

7862

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis Mo. (No. Sanitarium) St. _____ Ward _____

File No. _____
Registered No. 1833

2. FULL NAME

(a) Residence, No. Jacob Gappa
12028 Nicholson St. 13 Ward.

Length of residence in city or town where death occurred 4 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 6 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labarer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ploetzia Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ploetzia Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ploetzia Germany

17. INFORMANT cedora Schmeising (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb 23, 1933

19. UNDERTAKER J. H. Gebken & Co. (ADDRESS) 2042 Madison St.

20. FILED FEB 23 1933 Max Starck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from DEC 19, 1932 to FEB 21, 1933

I last saw him alive on Feb 21, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Pernicious Anemia 12/19/32
107A
71A 107A
Other contributory causes of importance: Broncho Pneumonia 3/15/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) cedora Schmeising, M. D.
(Address) 5400 Arsenal

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.

THIS IS A PERMANENT RECORD

10
10
10

