

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.

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

Do not use this space.

MAY 31

14357

1. PLACE OF DEATH

County..... Registration District No. **791**
1003
Township..... Primary Registration District No.....
City **St. Louis Mo** (No. **2600**) **Demersace**

File No.....
Registered No. **3530**
St..... Ward.....

2. FULL NAME

(a) Residence, No. **2600 Demersace** St. **17** 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **S**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 29 - 1927**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	11	8	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

13. NAME **Harry Rapp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Phil Pa**

15. MAIDEN NAME **Lillian Ludwig**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT (ADDRESS) **Lillian Rapp**
2600 Demersace

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St Marcus** DATE **Apr 9 1934**

19. UNDERTAKER (ADDRESS) **John H Ziegenhain & Sons**
7027

20. FILED **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 7 1934**

22. I, **HERBY CERTIFY**, That I attended deceased from **April 3rd** 19**34** to **April 7th** 19**34**

I last saw h. a. alive on **April 6th** 19**34** Death is said to have occurred on the date stated above, at **6th** m.

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

Opud 2-nd Lobes Date of onset

Pneumonia

118

103

Other contributory causes of importance:

Lo Rapp

Name of operation **N** Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) **D. John Brebeck**, M. D.
(Address) **116 25 S Jefferson**

