

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

Do not use this space.

30970

**1. PLACE OF DEATH**

County SEP 13 1934 Registration District No. 791  
Township St. Louis Primary Registration District No. 1003  
City St. Louis (No. 4133 N Taylor av) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 8236  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Herman R PAPP

(a) Residence, No. 4133 N Taylor av St. 10 Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Frick Rapp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 - 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Picker</u>	
	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) <u>Waterloo</u>		
FATHER	13. NAME <u>Vincent Rapp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Julia Krack</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Julia Rapp</u> <u>4133 N Taylor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Celstray</u> DATE <u>Aug 13, 34</u>		
19. UNDERTAKER (ADDRESS) <u>Strout &amp; Carroll</u> <u>4600 Olive St</u>		
20. FILED <u>AUG 11 1934</u> <u>J. P. Bredbeck</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1933, to Aug 9 1934

I last saw him alive on Aug 8 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Carcinoma Larynx and Tongue  
Primary in Larynx  
474  
455  
Date of onset June 19, 33

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) W. Ameller M. D.

(Address) 2743 N Grand

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

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.

