

JUN 28 1935

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

Do not use this space.

18598

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6248H.
City Riverside Heights No. 1512 Del Norte

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME

William Joseph Applegate

(a) Residence, No. 1512 Del Norte St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Lohue Taylor Applegate</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1855</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Duggin</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to May 15 1935

I last saw him alive on May 15 1935. Death is said to have occurred on the date stated above, at 6:27 P.m.

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

Myocarditis
arteriosclerosis

Date of onset

Other contributory causes of importance:

General senility
enlarged prostate

Name of operation _____ 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? No
If so, specify _____

(Signed) E. O. Bickelmeier, M. D.
(Address) 2610 Sutton
Maplewood, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Putnam Co Missouri</u>
	13. NAME <u>Nelson Peepers Applegate</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Eliza Breadwell</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>James A Townsend</u> (ADDRESS) <u>Evans Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winfield, Mo.</u> DATE <u>5-18</u> 19 <u>35</u>
	19. UNDERTAKER <u>John Brimmer</u> (ADDRESS) <u>Stamps, Mo</u>
	20. FILED <u>5/17</u> 19 <u>35</u> <u>Bertrude Porter</u> Registrar.

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.

