

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

96 County St. Louis Registration District No. 790 File No. 17573
 2 Township Clayton Primary Registration District No. 60339 Registered No. 140
 7 City Clayton, Mo. (No. St. Louis Co. Hosp.) St. _____ Ward _____

2. FULL NAME

Czapp Emil
 #8 Burroughs Lane, St. Louis County
 (a) Residence, No. _____ (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emil Czapp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 - 1865
 7. AGE YEARS 71 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker (pastry)
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Louis County Hosp.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1937
 22. I HEREBY CERTIFY, That I attended deceased from 4/6 1937, 19____, at 4/5 1937, 19____. I last saw h. alive on 4/5 1937, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 4/4 1937
 Other contributory causes of importance:
Chronic Interstitial Nephritis
Chronic Hypertension
Gen. Atherosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 13. NAME John Czapp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Mary Schreiber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Mr. Emil Czapp #8 Burroughs Lane
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Ent. DATE 4-12-37
 19. UNDERTAKER (ADDRESS) Louis T. Bopp Kirkwood, Mo.
 20. FILED 4/8 1937 Ray Siquorelli Registrar

Name of operation none 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) Wm. T. Stephens, M. D.
St. Louis County Hospital

Clayton, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIAN'S SIGNATURE

APR 18 1955