

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

JAN 24 1938

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

46702
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 789
 (b) Township Central Primary Registration District No. 6933C
 (c) City Overland (d) Street No. 9429 Chester Registered No. 334
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME No. Frank Kapesky
 (a) Residence, No. 9429 Chester - Overland Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Aug. 4, 1937

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year)

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9429 Chester Overland Mo.
 13. NAME Alfred Kapesky
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
 15. MAIDEN NAME Miriam Herman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Alfred Kapesky 9429 Chester

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Free Free DATE 12/6 1937

19. FUNERAL DIRECTOR (ADDRESS) Baumman Beone Overland Mo.

20. FILED 12-6-37 W. H. Bachmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4th, 1937 to Dec. 4th, 1937.
 I last saw him alive on Dec. 4th, 1937. Death is said to have occurred on the date stated above, at 10:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Premature Birth
7 months gestation
 Date of onset 12-4-37

Other contributory causes of importance:
15A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) H. J. Gilman, M. D.
 (Address) P. O. Box 111, Mo.

STATEMENT BY LICENSED EMBALMER

I, Ernest Hillman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

me L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Ernest Hillman

Licensed Embalmer No. 3501

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)