

REC'D APR 1 1938

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

8717

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 2
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 3976 Evans Ave. St.
(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.

Registered No. 23062. PRINT FULL NAME Gilbert J. Lappe 100

(a) Residence, No. 3976 Evans Ave. St. III (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Auto Mechanic
9. Industry or business in which work was done, as 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) Beahle 0
(STATE OR COUNTRY) MO.

FATHER 13. NAME Joseph Lappe 0

14. BIRTHPLACE (CITY OR TOWN) Beahle 0
(STATE OR COUNTRY) MO.

MOTHER 15. MAIDEN NAME Mary Critas

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) MO.

17. INFORMANT Luella Horner
(ADDRESS) 6743 A. Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon DATE March 8, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, MO

20. FILED MAR 8 1938 J. P. Bredich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to March 6, 1938

I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

Name of operation none 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 F

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Joseph Madison, M. D.(Address) 520 Westgate

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

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

L. E. _____

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

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

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.)