

RECD APR 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## 2 CERTIFICATE OF DEATH

10685  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Gasconade Registration District No. 303  
 (b) Township Hermann Primary Registration District No. 4182 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 \_\_\_\_\_ mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Phillip Apprill 164 St. Hermann mo  
 (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 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 Josephine Apprill  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-28-1867  
 7. AGE YEARS 70 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) (STATE OR COUNTRY) Little Berger mo  
 FATHER 13. NAME Phillip Apprill 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
 MOTHER 15. MAIDEN NAME Margaret Vogel  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs. Phillip Apprill  
Hermann mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Georges Cem. DATE 3/7 38  
 19. FUNERAL DIRECTOR (ADDRESS) Hugo H. Glemmer  
Hermann mo  
 20. FILED 3-6- 1938 Anna C. Rieckhoff.  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from March 11, 1938 to March 3, 1938  
 I last saw him alive on March 2, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1936

Other contributory causes of importance: 46'

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? V-Ray 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? No  
 If so, specify \_\_\_\_\_ (Signed) J. H. Kessler, M. D.  
 (Address) Hermann, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Hugott Blumer, Licensed Embalmer No. 3160  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hugott Blumer  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Hugott Blumer  
Licensed Embalmer No. 3160

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.)