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.

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

REC'D MAY 6 1938

15841
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Central~~ ~~Clayton~~ — Primary Registration District No. 200 — Registered No. 640
(c) City Olivette — (d) Street No. 886 Old Bonhomme Rd. 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.

2. PRINT FULL NAME Albert H. Papenberg 151
(a) Residence, No. 886 Old Bonhomme Rd. 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: 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 Blanche Papenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1893

7. AGE — YEARS: 444 — MONTHS: 6 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as saw mill, bank, etc. Self
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) Ames Ill.

FATHER
13. NAME August Papenberg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Frederick K. Rosenberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Blanche Papenberg 886 Old Bonhomme Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon DATE 4/11/38, 19

19. FUNERAL DIRECTOR (ADDRESS) Edith E. Ambruster 4234 Manchester

20. FILED 4-9 1938 T. R. Meyer M. D. Dr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by firearms (revolver)	4/7/1938
Other contributory causes of importance:	
Gun shot wound of head	4/7/38

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Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 4/7/38
Where did injury occur? Clayton twp. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury public place
Nature of injury suicide by firearms gun shot wd of head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John C. Connell, M. D.
(Address) Coroner of St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1945

MAR 25 1946

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

A L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Florenz Eynck

Licensed Embalmer No. 1284

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