10 1938 NOV 4 1938

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

36839
Do not use this space.

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.

1. PLACE OF DEATH
(a) County St Louis 1 Registration District No. 784
(b) Township Primary Registration District No. 111 Registered No. 1643
(c) City Rich Hgts (d) Street No. St. Mary's Hospital 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.

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2. PRINT FULL NAME Dr. Eugene Sappington
(a) Residence, No. 726 Landscape Ave. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Sappington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
	60	3	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
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) Sept. 10, 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. (STATE OR COUNTRY) Mo. 0

FATHER
13. NAME Fountain Sappington
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo. 0

MOTHER
15. MAIDEN NAME Mary Wise 0
16. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Eugene F. Sappington
(ADDRESS) 726 Landscape

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis DATE 10/12/38, 19

19. FUNERAL DIRECTOR (NAME) Oscar J. Hoffmeister
(ADDRESS) 4016 [illegible]

20. FILED OCT 10 1938 T.R. Meyer M.D. [illegible]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/9/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/15/38, 19 , to 10/9/38, 19
I last saw him alive on 10/8/38, 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: Date of onset

Hypertensive heart disease ?

Other contributory causes of importance:

Cerebral sclerosis ?
ARTERIOSCLEROTIC

Name of operation ...... Date of ......
What test confirmed diagnosis? ...... Was there an autopsy? yes

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) [illegible], M. D.
(Address) Humboldt Bldg

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Edward H. Lerlinger

Licensed Embalmer No. 4049

P. O. Address 4016 Chippewa

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

If this body is not embalmed, above space should be left blank.