

1938 DEC 12

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

37170

Do not use this space.

791

1003

Registered No. 9497

1. PLACE OF DEATH

(a) County..... 2 Registration District No.....
(b) Township..... 1 Primary Registration District No.....
(c) City... St. Louis..... (d) Street No. 5959a Wabada 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.

2. PRINT FULL NAME Tyrle A. Sappington.

(a) Residence, No. 5959a Wabada Ave...... St. 6.....
(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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male..... White..... Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1878.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60..... 0..... 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Chauffeur.

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)..... St. Louis County,
(STATE OR COUNTRY) Missouri.

13. NAME Joseph Sappington.

14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri.

15. MAIDEN NAME Mary Eddy.

16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs. Elsie Sappington.
(ADDRESS) 5959a Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. Lebanon Cem. DATE Nov. 3, 1938.

19. FUNERAL DIRECTOR (NAME) Geo. L. Pleitsch Inc.
(ADDRESS) 5966-68 Easton Ave.

20. FILED NOV 1 1938
J. J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from

1925, to Oct 31, 1938

I last saw him alive on Oct 30, 1938 Death is said

to have occurred on the date stated above, at 9:40 P.M.

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

Coronary Artery Date of onset

Other contributory causes of importance:

Arteriosclerosis

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) Les. V. Taylor, M. D.

(Address) 2767 1/2 Park

St. Louis, Mo

Dr. L. V. Garvin
California & Park
11 to 1.30

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, 3454

David C. Gibson, or by

Registered Apprentice No., working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

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.)

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