

DEC 19 1938

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

39427
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township 1 Primary Registration District No. 3020
(c) City Garbage (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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 608 E. Chestnut St. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Hackett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1865
7. AGE YEARS 73 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) St. Louis County, Mo.
13. NAME Sebastian Kappinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Missouri
15. MAIDEN NAME Joseph Basala
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Missouri
17. INFORMANT (ADDRESS) Tom Hackett Garbage, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Dudman Cem. DATE Nov 3, 1938
19. FUNERAL DIRECTOR (ADDRESS) Free Mortuary Garbage, Mo.
20. FILED Nov 3, 1938 E. G. M. Intine, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1938
I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Nov 1, 1938.
I last saw her alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 1:00 m.
The principal cause of death and related causes of importance were as follows:
Chronic parenchymatous nephritis
arteriosclerosis
Other contributory causes of importance: 121
Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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) R. B. Clinton, M. D.
815 (Address) Garbage 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-289

Date Filed DEC 16 1938

STATEMENT BY LICENSED EMBALMER

I, Emma R. Knell, Licensed Embalmer No. 391

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

L. E.

No..... or by..... Registered Apprentice No.....

working under my personal supervision.

Signed Emma R. Knell

Licensed Embalmer No. 391

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.)