

REC'D FEB 10 1939

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

219
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) or City..... ST. LOUIS MO. / (d) Street No. 2533 FARRAR ST. 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

(a) Residence, No. 2533 FARRAR ST. St. 20 (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) WIDOW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 4 - 1860
7. AGE YEARS 78 MONTHS 3 DAYS 30
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWORK
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) Germany
13. NAME WM KAPPEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
15. MAIDEN NAME GEZENA KORTING
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
17. INFORMANT (ADDRESS) MRS HELEN MORITZ 2533 FARRAR ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JANUARY 7, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schmir 3125 Lafayette Ave.
20. FILED JAN 6 1939 J. D. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 3 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1937, to Dec 31 1938
I last saw her alive on Dec 31 1938 Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Chronic myocarditis
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 20
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) Hubert S. Fuest, M. D.
(Address) 3126 N. Grand

K. 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 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.....

Joseph B. Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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.