REC'D MAY 10 1939

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

791

Do not use this space. 12960

1. PLACE OF DEATH
   (a) County 2 Registration District No. 1003
   (b) Township 1 Primary Registration District No. Registered No. 3302
   (c) or City St. Louis (d) Street No. 1436 Blackstone 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. 5 ds. (f) How long in U. S., if of foreign birth? 75 yrs. mos. ds.

2. PRINT FULL NAME 140 Caroline Kappel
   (a) Residence, No. 1436 Blackstone St. 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: 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: Herman Kappel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5-1864

7. AGE: Years 75 | Months | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. House Work
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 So. Misouri

FATHER
13. NAME: David Stein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Dora Menl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Clarence Kappel, Chambers & Clearview Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethlehem Cem DATE: April 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Diedrich F. Home, 8319 Halls Ferry Rd.

20. FILED: APR 8 1939 J. D. Budd, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1932, to April 7, 1939
I last saw her alive on April 6, 1939. Death is said to have occurred on the date stated above, at 8:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance: None

Name of operation: None 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? NO 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: None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. A. Van Hoefen, M. D.
(Address) 8313 Halls Ferry Rd. City

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 Arthur P. Diehrich

Licensed Embalmer No. 3556

P. O. Address St. Louis Ma

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

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