DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24278

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6551

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2411 Elliott Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Willius Happe 1 (b)

3. (b) If veteran, name war None

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Happe

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 11, 1882 (Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Indianopolis (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Black smith

11. Industry or business

FATHER
12. Name Anthony Happe
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature Mrs. Flora Happe
(b) Address 2411 Elliott Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUL 26 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1939 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from 6/29/39
, 19 , to 7/24/ , 1939
that I last saw him alive on 7/24 , 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arrhosis of liver	
Due to Degenerative heart disease decompensated	
Due to	
Other conditions Renal diabetes (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Jas. L. Davis (M. D. or other)
Address City Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 3-17-39 1 X19511

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 Gilbert H. Harpe

Licensed Embalmer No. 1861

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.