

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

3582  
Do not use this space.

1. PLACE OF DEATH **FEB 15 1940**  
 (a) County St. Clair Registration District No. 761  
 (b) Township Appleton Primary Registration District No. 4456 Registered No. 16  
 (c) City Appleton City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 140 Wilhelmina Philipina Epple  
 (a) Residence, No. Appleton City, Mo. 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 John, Gottlieb Epple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13th 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>76</u>	<u>00</u>	<u>5</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 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) Kuppingen, Herrenburg  
Germany

FATHER 13. NAME Wilhelm, Ferdinand Scheuerle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stuttgart, Wuerttemberg  
Germany

MOTHER 15. MAIDEN NAME Katharina Renz  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kuppingen, Herrenburg  
Germany

17. INFORMANT (ADDRESS) Carl M. Waleg  
Appleton City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Appleton City, Mo. DATE Jan. 21st 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Osman Eckhoff  
Appleton City, Mo.

20. FILED Jan. 20, 1940 Chas. Abney  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1940

22. I HEREBY CERTIFY, that I attended deceased from Aug 15 1929 to Jan 18 1940  
 I last saw her alive on Jan 18 1940 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
44B

Other contributory causes of importance: \_\_\_\_\_

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. Waleg M. D.  
 (Address) Appleton City, Mo.  
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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. 7,  
District File Number 2-40-200  
Date Filed 2-13-40

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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 Osman Eckhoff  
Licensed Embalmer No. 3962  
P. O. Address Opolton City, Mo.

**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.**