

STANDARD CERTIFICATE OF DEATH
791 1003

State File No. 34057
Registrar's No. 8754

WRITE PLAINLY—USE UNFADING-BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULLNAME **Frances E. Appogast**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **J.E. Appogast** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **April 23 1867**
(Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **0** If less than one day hr. min.

9. Birthplace **Scholak Co. Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Nelson Cook**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Baman Ritchie**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.E. Appogast**
(b) Address **5567 Delmar Blvd.**

17. (a) **Removal** (b) Date thereof **10/24/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edwardsville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **OCT 23 1940** (b) **J.E. Appogast**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** 5
(If outside city or town limits, write "RURAL")
(d) Street No. **5567 Delmar**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23rd**
year **1940** hour **9** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **Sept. 11**
_____, 19**40** to **Oct. 23**, 19**40**
that I last saw **her** alive on **Oct. 23, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia** Duration **2 weeks**

Due to **Urinary Infection + Nephrosclerosis**

Due to **Extensive Carcinoma of the Cervix of the Uterus**

Other conditions **Vesico-vaginal fistula**
(Include pregnancy within 6 months of death)

Major findings Of operations **none**

Of autopsy **Carcinoma of Cervix - By Nephrosclerosis - R.**

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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **H.P. Wheeler** (M. D. or other) **M.D.**
Address **St. Luke's Hosp. St. Louis** Date signed **10/23/40**

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 J. G. Sullivan

Licensed Embalmer No. 1122

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, fact should be so stated above.