

Registration District No. 35

Primary Registration District No. 1001

1. PLACE OF DEATH: Buchanan
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution: St Joseph Hospital
(d) Length of stay: In hospital or institution 21 days
In this community 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town St Joseph
(d) Street No 3015 N. 9th St.
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Andrew B. Rapue
(b) If veteran, name war no (c) Social Security No. no

20. DATE OF DEATH: Month April day 4
year 1941 hour 12 minute 3.0 P.M.

4. Sex Male (5. Color or race WH) (6. (a) Single, widowed, married, divorced Single
(b) Name of husband or wife None (c) Age of husband or wife if alive None years
7. Birth date of deceased July 29 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
March 15, 1941 to June 4, 1941
that I last saw him alive on Apr 3, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 8 Days 5 If less than one day hr. min.

Immediate cause of death
Chronic Ulcer of the Esophagus with perforation
Due to acute Rh Rheuma
Marked Cardiac Hypertrophy

9. Birthplace St Joseph MO
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Former Janitor Colby Bldg.

Major findings: Of operations _____
Of autopsy yes

11. Industry or business _____

12. Name Louis Rapue

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Julia ?
(City, town, or county) (State or foreign country)

15. Birthplace Canada ?
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Rapue
(b) Address St Joseph Mo.

17. (a) Burial (b) Date thereof Apr. 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery.

18. (a) Signature of funeral director Roy Stamer
(b) Address St Joseph Mo.
19. (a) 4/7/41 (b) M. H. Mestebach
(Date of local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 4-5-41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

April 4 1941....., Registered Apprentice No.....
working under my personal supervision.

Signed John H Hurley.....

Licensed Embalmer No. 4050.....

P. O. Address St Joseph.....

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.