No. 2
4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26113

Registration District No. 704 Primary Registration District No. 101 Registrar's No. 1630

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton (If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 month. (Specify whether years, months or days)

In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis 96

(c) City or town: Clayton (If outside city or town limits, write "RURAL") 2

(d) Street No.: Olive St. west of Link (If rural, give location) 3

(e) Citizen of foreign country? unknown (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William Lappankros

3. (b) If veteran, name war: unknown

3. (c) Social Security No.: unknown

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 23 (Day) 1863 (Year)

8. AGE: Years 77 Months 11 Days 23 If less than one day: hr. min.

9. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation: nil.

11. Industry or business:

FATHER 12. Name: France Lappankros

FATHER 13. Birthplace: unknown (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name: Unknown Unknown

MOTHER 15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: St. Louis Co. Hospital/E. Brown

(b) Address: N. & S. Rd. Clayton, Mo.

17. (a) [illegible] (Burial, cremation, or removal) (b) Date thereof: 9-5-41 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Co.

18. (a) Signature of funeral director: W. Ryder

(b) Address: 3100 Ka[illegible]

19. (a) AUG 5 - 1941 (Date received local registrar) (b) E. E. McBurney M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-16-41, 19__, to 7-16-41, 19__; that I last saw him alive on 7-16-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration 1 wk.

Due to:

Due to: 107

Other conditions: Benign hypertrophy Prostate — ?
(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: R. Johnston (M.D. or other) O

Address: St. Louis Co. Hosp. Date signed 7-17-41

AUG 5 - 1941 107 (Licensed Embalmer's Statement on Reverse Side)

SEP 4 1949

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.