S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1942

Registration District No. 276

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 31053

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 81

(a) State Missouri (b) County Phelps 2

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

(d) Street No. 902 W 10th St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Marie Applebaum

3. (b) If veteran, name war ----- 3. (c) Social Security No. ------

4. Sex f. / 5. Color or race white 6. (a) Single, widowed, married, / divorced married

6. (b) Name of husband or wife Steven Applebaum 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August (Month) 27 (Day) 1892 (Year)

8. AGE: Years 50 Months 0 Days 4 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Richard Steele
13. Birthplace Richmond (City, town, or county) Va. / (State or foreign country)

MOTHER
14. Maiden name Sabina Horty
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Stephen Applebaum

(b) Address Rolla, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9 (Month) 1 (Day) 42 (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Alfred T. Smith

(b) Address Rolla, Mo.

19. (a) 9/1/42 (Date received local registrar) (b) Ellis Walker (Registrar's signature)

1092 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1 year 42 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from 8-29- 1942 to 9-1- 1942 that I last saw her alive on 9-1- 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 da
Due to	
Due to	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations 93d
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 0

23. Signature E. E. Feind M.D. (M.D. or other)

Address Rolla Date signed 9-1-42

OCT 21 1942

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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, fact should be so stated above.