S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4385

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1143

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours, 48 min (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 999
(a) State Indiana (b) County Knox 1 N.R.
(c) City or town Vincennes
(If outside city or town limits, write "RURAL")
(d) Street No. 614 Barnett Street.
(If rural, give location)
(e) Citizen of foreign country? L (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph L. Kapps.
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leah Kapps
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased October 5, 1891 (Month) (Day) (Year)
8. AGE: Years 51 Months 3 Days 28 If less than one day hr. min.
9. Birthplace Vincennes (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Retail Clothing Store
12. Name Frank A. Kapps (FATHER)
13. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
14. Maiden name Mary Conrath (MOTHER)
15. Birthplace Alsace Lorraine (City, town, or county) (State or foreign country)
16. (a) Informant Leah Kapps
(b) Address Vincennes, Indiana
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Vincennes, Indiana
18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.,
19. (a) FEB 4 1943 (Date filed with local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1943 hour 7:18 minute P.M.
21. I hereby certify that I attended the deceased from Feb 3, 1943, to Feb 3, 1943; that I last saw him alive on Feb 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary artery disease ? Myocardial infarction recent	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Coronary artery disease	

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 A. C. Abney (M. D. ~~or other~~)
Address BARNES HOSPITAL Date signed 2/4/46

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Hoppe

Licensed Embalmer No. 2971

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.