

FILED JUN 19 1943 318

Primary Registration District No. 1003

Registrar's No. 5479

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. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Days  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3400 S. Jefferson Av.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

3. (a) PRINT FULL NAME John Lapp  
 3. (b) If veteran, name war no.  
 3. (c) Social Security No. 498-07-9281

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 14,  
 year 1943 hour 5:25 minute A. M.  
 21. I hereby certify that I attended the deceased from June  
3, 1943 to June 14, 1943  
 that I last saw h. im alive on June 14, 1943  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Amelia Lapp 6. (c) Age of husband or wife if alive 50 years  
 7. Birth date of deceased Jan. 14 1888  
(Month) (Day) (Year)

Immediate cause of death:  
Infection of lung  
 Due to Rheumatic Heart Disease  
 Due to mitral & aortic stenosis  
 Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years 55 Months 5 Days 0  
 If less than one day  
 hr. min.

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autops as above  
 Underline the cause to which death should be charged statistically.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 10. Usual occupation foundry worker

MOTHER FATHER  
 11. Industry or business.....  
 12. Name John Lapp  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Unknown  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Lapp  
 (b) Address 3400 S. Jefferson Av.  
 17. (a) Cremation (b) Date thereof 6-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation No. Crematory with Burial  
 18. (a) Signature of funeral director with Burial  
 (b) Address 2929 S. Jefferson Av.  
 19. (a) JUN 15 1943 (b) J. F. Breckers  
(Date received local registration) (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?  
 While at work?.....  
(Specify type of place) (e). Means of injury.  
 23. Signature Louis J. Heidloff M.D.  
 Address 1515 Lafayette Avenue. Date signed 6/14/43

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

**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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

**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.**