

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22329
Registrar's No. 1376

Registration District No. 317

Primary Registration District No. 30693069

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7459 Harter Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Christina Appel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louis J. Appel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 5th, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Smithton Ill
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Peter Brandenbarger

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

14. Maiden name Elizabeth Kramer

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

16. (a) Informant Victor R. Appel

(b) Address 6636 Clayton Road

17. (a) Burial (b) Date thereof 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) JUN 14 1943 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7459 Harter Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th
year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 1st 1943 to June 11th 1943
that I last saw her alive on June 9th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral hemorrhage
hypertensive
due to
the atherosclerotic
arteriosclerosis.
Cerebral arteriosclerosis.
Duration 3 days

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 12/16

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)
Means of injury _____

23. Signature Harold J. Oel (M. D. or other) MD
Address 2816 Sutton Ave Date signed 6/12/43

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.....

Edward H. Bockherd

Licensed Embalmer No.

2502

P. O. Address.....

Clayton 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.