

S. No. 2  
OM-5-42  
5-17-43

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22418**  
Registrar's No. **1564**

Registration District No. **317**

Primary Registration District No. **6076**

96000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Lemay**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**911 Lemay Ferry Road**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **ST. LOUIS**  
(c) City or town **LEMAY**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **911 LEMAY FERRY**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ARTHUR KAPPLER**  
(b) If veteran, name war **None** (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **6**  
year **1943** hour **6:30** minute **PM**  
21. I hereby certify that I attended the deceased from **1940**  
to **July 6** 19**43**;  
that I last saw him alive on **July 6** 19**43**  
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 **Hedwick Kappler** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **September 25 1865**  
(Month) (Day) (Year)

Immediate cause of death **Apoplexy** Duration **10 days**  
Due to **Arterio Sclerosis** years  
Due to **Chronic Myocarditis** years  
Other conditions **Dilatation of Heart** years  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**77** **9** **19** hr. min.

9. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Landscape Gardener**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **93**  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **Herman Kappler**  
13. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Anna Unknown**  
15. Birthplace **Germany 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hedwick Kappler**  
(b) Address **911 Lemay Ferry Rd.**  
17. (a) **Cremation** (b) Date thereof **July 8, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Missouri Crematory**

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 \_\_\_\_\_

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**  
(b) Address **7816 S. Broadway**  
19. (a) **JUL 8 1943** (b) **C. V. McFarren, M.D.**  
(Date received local registrar) (Registrar's signature)

23. Signature **Louis H. Bander, M.D.**  
Address **3712 Bayless Ave** Date signed **7/7/43**

JAN 22 1983

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS

DECEASED

DATE OF DEATH

PLACE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

EMBALMER

REGISTERED

**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.....

*Paul A. Shanklin*

..... Registered Apprentice No.....

working under my personal supervision.

.....

Signed *Paul A. Shanklin*  
.....  
Licensed Embalmer No. *3472*

..... P. O. Address *7814 So. Broadway*

**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.**