

FILED JUL 31 1943

Registration District No. 818

Primary Registration District No.

Registrar's No. 6674

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Little Sisters of the Poor 3225
(If not in hospital or institution, write street number or location)
N. Floussant
 (d) Length of stay: In hospital or institution 7
(Specify whether
 In this community 7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000, 171
 (c) City or town St. Louis 910
(If outside city or town limits, write "RURAL")
 (d) Street No. 2909 Hebert St.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Kappel
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 22
 year 1943 hour 4 minute 35 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife August Kappel 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: Unkown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 4 1943 to July 22 1943
 that I last saw her er alive on July 21 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years About 91 Months 91 Days 91 If less than one day hr. min.

Immediate cause of death: Chronic Myocarditis
Senility
 Due to 93
 Due to Noae
 Other conditions (include pregnancy within 3 months of death) Noae

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

PHYSICIAN
 Major findings: Of operations Noae
 Of autopsy Noae
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business
 12. Name James Cohick
 13. Birthplace Pa.
(State or foreign country)
 14. Maiden name Emma Lyon
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Waymeyer
 (b) Address Pine Laem, Mo.
 17. (a) Burial (b) Date thereof July 24/43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Ann Cem.
 18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave.
 19. (a) JUL 23 1943 (b) J. F. Brebeck
(Date received local Registrar) (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)
 23. Signature Bernard H. ... (M. D. or other) _____
 Address 2302 ... Date signed 7-23-43

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

Bernard H. Flotta

23 or Sabun

Cent 9564

1 to 3 7 to 8

5428 Clements

Resdale 1305

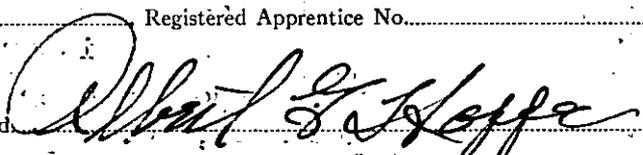
Bernard H. Flotta
17³⁰ Ave / 10600k

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed .....

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.