No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 9418

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2381

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3664 Washington Avenue
(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 Missouri (b) County 17

(c) City or town St. Louis 9 19
(If outside city or town limits, write "RURAL")

(d) Street No. 3664 Washington Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William D. Sapp

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Inez Sapp

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 28, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Ashland (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Executive

11. Industry or business Building & Loan

FATHER
12. Name William D. Sapp
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Inez Sapp
(b) Address 3664 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland, Missouri.

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 So. Grand Blvd.

19. (a) MAR 11 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 9
year 1944 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan. 1944, 19 to Mar 9, 1944
that I last saw him alive on Mar 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 1 yr

Due to 94a

Due to

Other conditions (Include pregnancy within 3 months of death) Infected Prostate Enlarged Cystitis Catarrhal Cystitis — 3 yrs

Major findings:
Of operations

Of autopsy

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 Thosen Imber (M. D. or other) MD
Address 508 N Grand Date signed 3/10/44

(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.....

Licensed Embalmer No.....

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.**