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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28548

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2151

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Overland 14, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: Lindberg & Adie Roads. /
(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 St. Louis, 96
(c) City or town Overland 14, Missouri. 12
(If outside city or town limits, write "RURAL")
(d) Street No. Lindberg & Adie Roads. 1
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MINNIE C. SAPPER.
3. (b) If veteran, name war None.
3. (c) Social Security No. none.
4. Sex Female. /
5. Color or race White.
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Gustave F. Sapper.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 2, (Day) 1863. (Year)

8. AGE:	Years	Months	Days	If less than one day
	82.	6.	28.	hr. min.

9. Birthplace De Sota, (City, town, or county) Missouri. (State or foreign country) 0
10. Usual occupation At Home.
11. Industry or business
FATHER
12. Name Willaim F. Blank.
13. Birthplace Straussburg, (City, town, or county) Germany. 4 (State or foreign country)
MOTHER
14. Maiden name Dena Fluth.
15. Birthplace Hanover, (City, town, or county) Germany. (State or foreign country)
16. (a) Informant Miss Hilda Sapper.
(b) Address Lindberg & Adie Roads.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 9/1/45. (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery.
18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.,
19. (a) 9-4-45 (Date received local registrar) (b) E. G. McGavran D (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1945 hour 7:03 minute P. M.
21. I hereby certify that I attended the deceased from June 20, 1944 to Aug 30, 1945
that I last saw her alive on Aug 25, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis 1	3 yrs
93	
Due to Age	
Arteriosclerosis	10 y
Due to Age	
Other conditions (Include pregnancy within 3 months of death)	
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 W E Jones O (M. D. ~~or other~~)
Address 4500 Olive St Date signed Aug 31/45

(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 J. D. Leighton

Licensed Embalmer No. #2122

P. O. Address St. Louis, M

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.