

FILED NOV 10 1945

Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4176 Russell 9
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RAPP, Henry E.

3. (b) If veteran, name war World II 3. (c) Social Security No. 493 05 7144

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Rapp 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June 22 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 10 _____ hr. _____ min.

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

10. Usual occupation Inspector

11. Industry or business --

MOTHER FATHER { 12. Name Henry Rapp
13. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Reis.
15. Birthplace Belleville Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,

(b) Address Jefferson Barracks, Mo.

17. (a) BURIAL (b) Date thereof 11 5 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director F. B. SHAWNER

(b) Address 4228 S. KING HIGHWAY

19. (a) 11-7-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2
year 1945 hour 7:59 minute A. M.

21. I hereby certify that I attended the deceased from October 30, 1945, to November 2, 1945;
that I last saw him alive on November 2, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death HEMORRHAGE, GASTRO-
INTESTINAL, CAUSE UNKNOWN. Duration 3 days

Due to --
123-2
Due to --

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

Major findings:
Of operations No operation
Of autopsy No 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) NO
(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 0

23. Signature E. V. EDWARDS, Lt. Col., (M. D. or other) M. C.,
Clinical Director.
Address Vet. Adm. Fac., Jefferson Barracks, Mo. Date signed 11/2/45

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

JAN 25 1949

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..... *Edwin D. Mc Dermott*

Licensed Embalmer No..... *3024*

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.