

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **476**
471
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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: City Sanitarium.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. 1 da.
In this community 52 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? Yes. (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME GEORGE KAPPEN

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 WID.

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

7. Birth date of deceased January 8, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 7 hr. min.

9. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

12. Name William Kappen
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Korting
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Deuffer
(b) Address 5400 Arsenal St.

17. (a) BURIAL (Burial, cremation, or other) (b) Date thereof JAN-18-46
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schmu
(b) Address 3125 Lafayette St. St. Louis

19. (a) JAN 15 1946 (Date received local registrar) J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15, year 1946 hour 8.00 minute A. M.
21. I hereby certify that I attended the deceased from July 1st, 1945 to Jan. 15, 1946
that I last saw him alive on Jan. 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Arteriosclerotic heart disease 5 yrs. x.
Arteriosclerosis-generalized 10 yrs. x.
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?
While at work? (Specify type of place) Means of injury.....

23. Signature Cyrus Lechter (M. D. or other) 5300 Arsenal St. Date signed 1-15-46

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

MOTHER FATHER

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.....

Joseph B. Volmer

Licensed Embalmer No. *4014*

P. O. Address *St. Louis Mo*

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.