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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
FILED APR 22 1946 STANDARD CERTIFICATE OF DEATH

State File No. 14339  
Registrar's No. 828

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town ST. LOUIS Co. JENNINGS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3259 LAFAYETTE 8816 WIEDLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. -  
In this community life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis - 9/2  
(c) City or town JENNINGS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8816 WIEDLE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME: ELISIE APPEL  
3. (b) If veteran, name war. =  
3. (c) Social Security No. 488-01-8323

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 10  
year 1946 hour 1 minute 15 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Elmer Appel  
6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased FEB 19 1909  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 15, 1946, to April 10, 1946; that I last saw her alive on April 9, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 1 Days 22 If less than one day hr. min.

Immediate cause of death: Generalized Carcinomatosis. Duration 2 yrs.  
Due to: Carcinoma of Breast - left. 2 yrs.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)  
10. Usual occupation At home - Century Elect - 9 yrs ago

Due to: With Metastasis to Rt. Breast, Lungs, Liver, Bones & Probably Brain.  
Other conditions: (Include pregnancy within 3 months of death)

11. Industry or business  
12. Name Wm. Hohlt  
13. Birthplace ILL (City, town, or county) (State or foreign country)  
14. Maiden name EMMA REINHARDT  
15. Birthplace ILL (City, town, or county) (State or foreign country)

Major findings: Of operations: Carcinoma of Breast (L)  
Of autopsy: 50  
PHYSICIAN: Underline the cause to which death should be charged statistically.

16. (a) Informant My Elmer Appel  
(b) Address 8816 Wiedle  
17. (a) Burial (Burial, cremation or removal) (b) Date thereof Apr. 13 46  
(Month) (Day) (Year)  
(c) Place: burial or cremation New Bethel

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?

18. (a) Signature of funeral director Berdenwidder James  
(b) Address 1936 St. Louis Ave  
19. (a) 4-13-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

While at work: (Specify type of place) (g) Means of injury  
23. Signature: Melvin Jess (M. D. or other) MR  
Address: 3611 St. Louis Ave Date signed: 4-11-46

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

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0  
0  
14339

**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..... *Glen W. Hay* .....

Licensed Embalmer No..... *3737* .....

P. O. Address..... *1936 St. Louis Ave.* .....

**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.**