

S. No. 2  
M-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. *62502*

Registration District No. *377*

Primary Registration District No. *6076*

Registrar's No. *483*

1. PLACE OF DEATH:

(a) County *St. Louis*

(b) City or town *Manchester*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
*Manchester Nursing Home & Sanitarium*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *4 Days* *4*  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *St. Louis*

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

(d) Street No. *2839 Magnolia Ave.*  
(If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Anna Tappel*

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* day *14<sup>th</sup>*  
year *1946* hour *12<sup>42</sup>* minute *1* M.

21. I hereby certify that I attended the deceased from *July 10* 19*46* to *July 13* 19*46*  
that I last saw her alive on *July 13* 19*46*  
and that death occurred on the date and hour stated above.

4. Sex *Female* / 5. Color or race *White*

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

6. (b) Name of husband or wife *Henry*

6. (c) Age of husband or wife if alive *75* years

7. Birth date of deceased *December 21 1864*  
(Month) (Day) (Year)

Immediate cause of death *Acute parotitis* Duration *5 days*

Due to \_\_\_\_\_

Due to *44E*

8. AGE: Years Months Days If less than one day

*81* *6* *21* hr. min.

Other conditions *Chr. Myocarditis*  
*Heart arteriosclerosis*

9. Birthplace *Germany* *4*  
(City, town, or county) (State or foreign country)

10. Usual occupation *At Home*

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name *George Lettes*

13. Birthplace *Germany* *4*  
(City, town, or county) (State or foreign country)

14. Maiden name *Margaretta Boehm*  
(City, town, or county) (State or foreign country)

15. Birthplace *Germany* *4*  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant *Henry Tappel*

(b) Address *2839 Magnolia Ave.*

17. (a) *Burial* (b) Date thereof *7/17/46*  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation *Old St. Peter & Paul Cen.*

18. (a) Signature of funeral director *John N. Stehler, Sons and Co.*

(b) Address *2630 Gravois Ave.*

19. (a) *7-16-56* (b) *E. M. Garand*  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature *Ch. Denny* (M. D. or other) *Ch. Denny*  
Address *Creve Coeur, Mo.* Date signed *7-14-46*

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

AUG 8 1961

**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 Robert F. Gebson

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.**