

S. No. 2
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rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
STANDARD CERTIFICATE OF DEATH

314332

State File No. *1*

FILED SEP 30 1946
Registration District No. *367*

Primary Registration District No. *6076*

Registrar's No. *1950*

1. PLACE OF DEATH:
(a) County *St. Louis*
(b) City or town *Lemay*
(c) Name of hospital or institution:
Sappington Hks. Rd. / Rt. 11 Box 115
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State *Mo.* (b) County *St. Louis*
(c) City or town *Lemay*
(d) Street No. *Rt. 11 Sappington Hks. Rd.*
(e) Citizen of foreign country? *no*
If yes, name country.....

3. (a) PRINT FULL NAME *Amelia Lappe*
3. (b) If veteran, name war *No*
3. (c) Social Security No. *no*

4. Sex *Female* 5. Color or race *White*
6. (a) Single, widowed, married, divorced *Widowed*
6. (b) Name of husband or wife *Herman Lappe*
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased *June 22 1864*
(Month) (Day) (Year)

8. AGE: Years *82* Months *2* Days *25*
If less than one day
hr. min.

9. Birthplace *Perry Co. Mo.*
(City, town, or county) (State or foreign country)
10. Usual occupation *At Home*

11. Industry or business
12. Name *William Hoskins*
13. Birthplace *Kentucky*
14. Maiden name *Jane Perry*
15. Birthplace *North Carolina*
(City, town, or county) (State or foreign country)

16. (a) Informant *Alfred Hoskins*
(b) Address *Rt. 11, Box 115 Lemay, Mo.*
17. (a) *Burial* (b) Date thereof *Sept. 23-46*
(c) Place: burial or cremation *Calvary Cem.*

18. (a) Signature of funeral director *C. Hoffmeister U. & L. Co.*
(b) Address *7814 S. Broadway*
19. (a) *9-23-46* (b) *Paul J. Allen*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept.* day *19*
year *1946* hour *9* minute *30* pm
21. I hereby certify that I attended the deceased from *Death without*
medical attendance, to....., 19.....
that I last saw h..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral hemorrhage*
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(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 *Paul J. Allen* M.D. (M. D. or other)
Address *601 Brentwood Blvd.* Date signed *9/21/46*

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

6
CO
30

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 Harry J. Schimacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.