V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26118

FILED AUG 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7009

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

1. PLACE OF DEATH: ST

(a) County

(b) City or town ST, Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-6-46 to 7-28-47 (Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town ST, Louis, 1-7
(If outside city or town limits, write "RURAL")

(d) Street No. 5061 Pernod Avenue., 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Joshua Tappmeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ella Tappmeyer

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March (Month) 30 (Day) 1870 (Year)

8. AGE: Years 77 Months 3 Days 28 If less than one day ... hr. ... min.

9. Birthplace Drake Bay, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman (DePaul Hosp)

11. Industry or business Frederrick WM.

FATHER
12. Name Unknown Germany 4
13. Birthplace Wilhelmina Meyer (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Germany 4
15. Birthplace City Infirmary Records (City, town, or county) (State or foreign country)

16. (a) Informant Ella Tappmeyer
(b) Address 5061 Pernod Avenue.,

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1947 hour 7 minute 10 A M.

21. I hereby certify that I attended the deceased from Aug. 63 1946 to July 28-47 that I last saw him alive on July 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Empyema of gall bladder c̄ perforation & localized abscess

Due to Cholelithiasis

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Warren C. Lewis (M. D. or other) M.D.

Address 5600 Arsenal Date signed 7-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.