

No. 2
12-45
5-17-39
I X47070

FILED OCT 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
2839 Magnolia Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

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 **Widowed**

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

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

7. Birth date of deceased **May 11, 1871**
(Month) (Day) (Year)

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

76 4 27 hr. min.

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

10. Usual occupation **Retired- Carpenter**

11. Industry or business **Henry Tappel**

MOTHER FATHER

12. Name _____

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

14. Maiden name **Meyer**

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

16. (a) Informant **Herman Tappel**

(b) Address **3223 Magnolia Ave.**

17. (a) **Burial** _____
(Burial, cremation, or removal)

(b) Date thereof **10/11/47**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **John H. Gebken Sons Und. Co.**

(b) Address **2630 Gravois Ave.**

19. (a) **OCT 10 1947** **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

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.**
23 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **8th**
year **1947** hour **12, 20** minute **A** M.

21. I hereby certify that I attended the deceased from **8-25-47**
_____ 19 _____ to **10-7-47** 19 _____
that I last saw him alive on **10-7-47** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death
**Chronic myocarditis
hypertension**

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature **J. F. Bredack** (M. D. or other) **MD**

Address **2841 California** Date signed **10-9-47**

Duration

**4 yrs
4 yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Gebker*

Licensed Embalmer No. *4144*

P. O. Address..... *2630 Gravois*

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.