No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3360

FILED FEB 9 1948

Registration District No. 3048

Primary Registration District No. 3069

Registrar's No. 232

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: ST MARYS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community ALL HER LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 376 S GORE AVE 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ALICE ROSE APPEL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EDWARD F APPEL

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased OCTOBER (Month) 20 (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	3	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name GEORGE W. MEHL
13. Birthplace ST LOUIS Co (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name AUGUSTA HASE
15. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant EDWARD APPEL
(b) Address 376 S GORE AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN (Month) 26 (Day) 1948 (Year)
(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO

19. (a) 1-26-48 (Date received local registrar) (b) Cecil J Shap MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from January 1, 1948 to January 23, 1948; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intraventricular Hemorrhage	Dec 20 '47
Due to Hypertension	12/20/47
Due to Cerebral Neoplasm ??	12/20/47
Other conditions (Include pregnancy within 3 months of death)	

830

Major findings:
Of operations
Of autopsy Intracerebral & ventricular hemorrhage

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

23. Signature Walter L. Moore (M. D. or other) MD

Address 6376 Clayton Rd Date signed 1/25/48

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.