S. No. 2
M—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. 5996

FILED MAR 4 1948 318 — Registration District No. 1003 — Primary Registration District No. — Registrar's No. 1760

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1930 Oregon (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie E. Appleman
3. (b) If veteran, name war ----------
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 19 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
67	4	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Clerk
11. Industry or business Restaurant
MOTHER FATHER
12. Name David Prunkard
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
14. Maiden name Phoebe Thomas
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Wm. Hervers
(b) Address 1930 Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave
19. (a) FEB 20 1948 (Date received local registrar) (b) J. F. Brewer (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18 year 1948 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 16th, 1948 to Feb. 18th, 1948; that I last saw her alive on Feb. 18th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 Frank Demko (M. D. or other)
Address 1319 So. Bdway. Date signed 2/19/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) DR. FRANK DEMKO

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 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.