

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1948

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4193

State File No.

Registrar's No.

19111
19109

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
904 Market St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Entire Lifetime
years, months or days)

3. (a) PRINT JOSEPHINE APPRILL
FULL NAME

3. (b) If veteran, ***** name war
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Phillip Apprill
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased March 29 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 2 21 hr. min.

9. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Dominic Dufner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Faes
15. Birthplace Hermann Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Apprill

(b) Address Hermann Mo

17. (a) Burial (b) Date thereof 6-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. George Cemetery

18. (a) Signature of funeral director Hugoschneider

(b) Address Hermann Mo

19. (a) 6/21/48 (b) [Signature]
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Market St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1948 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from June 18 to June 19 1948
that I last saw her alive on June 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Hypertensive heart disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations CAD
Of 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? (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 John B. Ryan (M. D. or other) MD
Address Hermann, Mo Date signed 6/19/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/22/48

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 Chas. M. Pope
Licensed Embalmer No. 2552
P. O. Address Hermann, 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.