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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 23 1948

Registration District No. 318

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27939

Primary Registration District No. 1003

Registrar's No. 6946

**1. PLACE OF DEATH:**

(a) County ST. LOUIS MO

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

(c) Name of hospital or institution: 1602a S. 12th 1
(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)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 600

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1602a S. 12th 90
(If rural, give location)

(e) Citizen of foreign country? 23 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY J. LAPP

3. (b) If veteran, name war

3. (c) Social Security No. 490-03-4864

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife ROSA

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JAN. (Month) 5 (Day) 1878 (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUG. day 6 year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 4th, 1944 to August 6th, 1948 that I last saw h~~im~~ alive on Aug. 6th, 1948 and that death occurred on the date and hour stated above.

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 70 | 7 | 1 | hr. min. |

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hours.

Due to: Chronic Myocardial Degeneration and Arteriosclerosis

Due to: Senelonis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

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

10. Usual occupation JANITOR

11. Industry or business ST. LOUIS CARTHAGE MILLS

MOTHER FATHER

12. Name HENRY LAPP 4

13. Birthplace GERMANY (City, town, or county) (State or foreign country)

14. Maiden name MARIA KOERNER 4

15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant ROSA LAPP

(b) Address 1602a S. 12th

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 9 1948 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION, CEM

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAVOIS ST. LOUIS, MO

19. (a) AUG 8 - 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

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 Paul B. Webb (M. D. or other)

Address 1915a Sidney Date signed 8/6/48

(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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**