

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38917  
State File No. \_\_\_\_\_

FILED DEC 4 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2062

Registrar's No. 2-100

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Christian Old Peoples Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EDWARD RAPPHOLT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: April 15, 1862  
(Month) (Day) (Year)

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

86 6 19 hr. min.

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

10. Usual occupation: Retired

11. Industry or business \_\_\_\_\_

12. Name: Christian Rappholt

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

14. Maiden name: Josephine Henkel

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

16. (a) Informant: Christian Old Peoples Files

(b) Address: 6600 Washington Avenue

17. (a) Burial (b) Date thereof: Nov 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Shepard Funeral Home  
1167 Hamilton Avenue

(b) Address: \_\_\_\_\_

19. (a) 11-4-48 (b) Edward Rappholt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4, 1948  
year \_\_\_\_\_ hour 7 minute A M.

21. I hereby certify that I attended the deceased from 1-20 -  
1948 to Apr. 4 - 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

Duration: ?

Due to: 92 h

Due to: \_\_\_\_\_

Other conditions: arterio sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature: J. Rhyars (M. D. or other)  
Address: 5765 P. Plymouth Date signed: 11-4-48

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**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 Me  
....., Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Elton H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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.**