

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26582

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>23</u>					
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Market St</u>				d. STREET ADDRESS (If rural, give location) <u>S. Market St</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>HENRIETTE KONRADINE</u> c. (Last) <u>APEL</u>				4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>22</u> (Year) <u>1949</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 10-1884</u>					
9. AGE (In years, last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>							
11. BIRTHPLACE (State or foreign country) <u>Stolpe, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>US</u>							
13a. FATHER'S NAME <u>Henry Apel</u>				13b. MOTHER'S MAIDEN NAME <u>Karoline Kuschel</u>							
14. NAME OF HUSBAND OR WIFE _____				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____							
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Louis Krick, Hermann, Mo</u> ADDRESS _____							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left ventricular failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic endocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>76 hrs.</u> <u>6 yrs</u> <u>45 1/4</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____							
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>Jan. 5, 1943</u> , to <u>Aug. 22, 1949</u> , that I last saw the deceased alive on <u>Aug. 22, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Hermann, Mo.</u>							
23c. DATE SIGNED <u>8/23/49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>							
24b. DATE <u>Aug. 25-1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Stolpe St. John Cem</u>							
24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo RFD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Nugost Klumer</u> ADDRESS <u>Hermann, Mo</u>							
DATE REC'D BY LOCAL REG <u>8/24/49</u>				REGISTRAR'S SIGNATURE <u>[Signature]</u>							

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____

District Health Officer No. 9.

RECEIVED SEP 6 1919

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SEP 6
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Chas. W. Pope

Signed _____
Student Embalmer

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.