

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18989

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1262

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Johns	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3407 Eminence		d. STREET ADDRESS (If rural, give location) 3407 Eminence	

3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Reinhold		c. (Last) Rapp		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950.		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 28, 1874		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Barber		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Reinhold W. Rapp		13b. MOTHER'S MAIDEN NAME Clara Michales		14. NAME OF HUSBAND OR WIFE Minnie Rapp	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Rapp 3407 Eminence Ave.			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>				INTERVAL BETWEEN ONSET AND DEATH <i>8 yrs</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic nephritis</i>				<i>3 yrs</i>	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<i>592 X</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>592 X</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *Jan., 1947*, to *May 14, 1950*, that I last saw the deceased alive on *May 14, 1950*, and that death occurred at *2:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>M.A. Schumaker M.D.</i>		23b. ADDRESS <i>8816 St. Charles Rd</i>		23c. DATE SIGNED <i>May 16 50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-18-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Old St. Marcus Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri.</i>		
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DATE REC'D BY LOCAL REG. <i>5-17-50</i>	REGISTRAR'S SIGNATURE <i>Herbert R. Douche M.D.</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Math Hermann & Son, Inc.</i>		ADDRESS <i>2161 E. Fair Ave.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten notes at the top of the page, possibly identifying the body or the embalmer.

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 _____

working under my personal supervision.

Signed *Alvin W. Nash*

Student Embalmer No. _____

Signed _____
Student Embalmer

Licensed Embalmer No. *3769*

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

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.