

24511

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1950

318

1003

State File No. _____
Registrar's No. **6016**

S. No. 300
rv. 10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 6016	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN App St. Louis		c. LENGTH OF STAY (If in this place) 13 Day's		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2209		d. STREET ADDRESS (If rural, give location) 2141 Cass Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				3. NAME OF DECEASED a. (First) Rose b. (Middle) _____ c. (Last) Appert					
4. DATE OF DEATH (Month) (Day) (Year) July 11 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 8 1865	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 7 Days 3		IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Highland Ills			12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME William Ganninger		13b. MOTHER'S MAIDEN NAME JULIA Metzger	
14. NAME OF HUSBAND OR WIFE Henry Appert		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 Henry Appert 2141 Cass Ave			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Fr of left femur; when she fell due to (b) all sides all in front of the house on June 27 1950 about 5:00 o'clock P.M. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Sidewalk		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 27 50; 5:00 p.m.			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 6700							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:58 A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 7-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JULY 14 1950		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL JUL 12 1950		REGISTRAR'S SIGNATURE J. B. Raster			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz		ADDRESS 4828 Nat. Bidge Blvd		

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

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.

Student
Student Embalmer

Signed Ralph C. Linder

Licensed Embalmer No. 725

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.