

FILED SEP 5 1950

STANDARD CERTIFICATE OF DEATH

28535

State File No.

Registrar's No. 7214

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) c. LENGTH OF STAY (In this place)
TOWN St. Louis 1 Day
c. CITY (If outside corporate limits, write RURAL and give township).
OR TOWN St. Louis 2099

d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital
9. STREET ADDRESS (If rural, give location)
4505 Red Bud Ave. 0

3. NAME OF DECEASED a. (First) Martin b. (Middle) J. c. (Last) Pape
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year)
August 23, 1950.

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Oct. 4, 1869 9. AGE (In years last birthday) 80
UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Christ Pape 13b. MOTHER'S MAIDEN NAME Catherine Lammert
14. NAME OF HUSBAND OR WIFE Mathilda Pape

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mathilda Pape 4505 Red Bud Ave. 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) Coronary thrombosis.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis many years.
DUE TO (c) General arteriosclerosis many years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 12 hrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? H.S.O.!

22. I hereby certify that I attended the deceased from Jan 1948, to 23 Aug, 1950, that I last saw the deceased alive on 13 Aug, 1950 and that death occurred at 7:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE M. D. Boereman (Degree or title) 23b. ADDRESS 3639 N. Newstead 23c. DATE SIGNED 24 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-25-50
24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

DATE REC'D BY LOCAL REG. AUG 24 1950 REGISTRAR'S SIGNATURE J. B. Hasler 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. 2161 E. Fair Ave. ADDRESS

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 8-30-50

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.....
Student Embalmer

Student Embalmer No.....
Signed *Glenn W. Hays*

Licensed Embalmer No. *3737*

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.