

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5729

Registrar's No. 22

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY S	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 1214a Blackstone Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Josephs Hospital			
3. NAME OF DECEASED a. (First) Anne b. (Middle) Kappelman c. (Last) Kappelman			4. DATE OF DEATH (Month) (Day) (Year) Feb 11 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 14 1869
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? Amer.	
13a. FATHER'S NAME J---		13b. MOTHER'S MAIDEN NAME Joyce	
13c. FATHER'S NAME Joyce		13d. MOTHER'S MAIDEN NAME Mary Ann Gallagher	
14. NAME OF HUSBAND OR WIFE Wm Kappelman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME Kirkwood ADDRESS Mother Celeste 9.#.V 888 E Monroe	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis		?	
DUE TO (c) Arteriosclerosis		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		446 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Feb. 1 1951 , to Feb. 11 1951 , that I last saw the deceased alive on Feb. 11 1951 , and that death occurred at 30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. M. Jankovic M.D.		23b. ADDRESS St. Paul, Mo.	
23c. DATE SIGNED 12-15-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-14-51		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis Mo.		24e. LOCATION (City, town, or county) (State) Kirkwood 22 Mo.	
DATE REC'D BY LOCAL REG. Feb. 13 51		REGISTRAR'S SIGNATURE Karne H. ...	

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 17 1951

RECEIVED

MAR 28 1953

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 William H. Pitzinger

Licensed Embalmer No. 9314

P. O. Address Kulm, 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.