

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 23 1951

1330

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No.			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY				a. STATE <u>Missouri</u>		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>DOWN St. Louis</u>		<u>2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4205 John Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>4205 John Ave.</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Edward</u>		b. (Middle) <u>C.</u>		c. (Last) <u>Reppag</u>		
4. DATE OF DEATH <u>February 7, 1951.</u>			5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		
8. DATE OF BIRTH <u>Oct. 11, 1886</u>			9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Warehouse Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Schlueter Can Co.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gerhardt Reppag</u>			13b. MOTHER'S MAIDEN NAME <u>Dora Reutlinger</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>496-18-7913</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herbert W. Feen</u>			ADDRESS <u>1401 Angelica Ave.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>					
				ANTECEDENT CAUSES					
				MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
DUE TO (b) <u>Arteriosclerosis</u>				DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
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? <u>Heart</u>					
22. I hereby certify that I attended the deceased from <u>Jan 1, 1951</u> , to <u>Feb 7, 1951</u> , that I last saw the deceased alive on <u>1-7, 1951</u> , and that death occurred at <u>115 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Herbert W. Feen</u> (Degree or title)				23b. ADDRESS <u>19189 Oakwood</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-10-51.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>			
DATE REC'D BY LOCAL REG. <u>FEB 9 1951</u>		REGISTRAR'S SIGNATURE <u>J B Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard G. Burnley

Licensed Embalmer No. *4203*

P. O. Address *St Louis Mo*

Signed.....
Student Embalmer

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.