

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24241**
5752

FILED JUL 16 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

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|---|----------------------------------|--|--|--|---|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY Stx | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) | | c. LENGTH OF STAY (In this place) 31 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | 22, 29 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1227a So. Broadway | | | | e. STREET ADDRESS (If rural, give location) 1227a So. Broadway | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) HYMAN | | | b. (Middle) | | c. (Last) APPLE | | 4. DATE OF DEATH (Month) (Day) (Year) June 26, 1951 | | |
| 5. SEX 0 Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH unk. | | 9. AGE (In years last birthday) ab 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Poland | | 4 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Alex Apple | | | 13b. MOTHER'S MAIDEN NAME Unk. | | | 14. NAME OF HUSBAND OR WIFE Eva | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. unk. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Eva Apple 122A So. Broadway | | | | | |
| 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) CEREBRAL APOPLEXY | | | | INTERVAL BETWEEN ONSET AND DEATH 2 HRS | |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIO-SCLEROSIS - 57 YRS (?) DUE TO (c) CARDIO-VASCULAR RENAL DISEASE - 57 YRS (?) | | | | | |
| | | | | 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? HHSX | | | | | |
| 22. I hereby certify that I attended the deceased from March 26, 1951 , to June 26, 1951 , that I last saw the deceased alive on June 23, 1951 , and that death occurred at 4:30 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edward D. Caneja, M.D. | | | | 23b. ADDRESS 2202 So. Broadway, St. Louis | | 23c. DATE SIGNED 6/26/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6/27/51 | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | | 24d. LOCATION (City, town, or county) (State) University City Mo. | | | | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 26 1951 J. B. Casater | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson | | | | | | | |

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 *James J. Anderson*

Licensed Embalmer No. 4829

P. O. Address

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.