

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5506

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5594</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON - MERAMEC TOWNSHIP</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSE SPRINGS RR. - 2</u>		c. LENGTH OF STAY (In this place) <u>250</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSE SPRINGS MO RR. 2</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>OWN HOME - WEBER HILL</u>				d. STREET ADDRESS (If rural, give location) <u>MERAMEC TOWNSHIP</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u>		b. (Middle) <u>GEORGE</u>		c. (Last) <u>APPEL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 9 - 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 23 - 1900</u>	
9. AGE (In years last birthday) <u>51</u>		10. MONTHS <u>7</u>		11. DAYS <u>16</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TELEPHONE REPAIRMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.W. BEAL TEL. CO.</u>		11. BIRTHPLACE (State or foreign country) <u>WHITE CO. ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>PIETER APPEL</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MAY STILTS</u>		14. NAME OF HUSBAND OR WIFE <u>ESTHER (RICHMAN) APPEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-07-7210</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Esther Appel House Springs Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardio-Vascular Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease 1940</u> DUE TO (c) 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 <u>416X</u>				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) (Min.)		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 <u>2/20</u> , 19 <u>50</u> , to <u>2/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/8</u> , 19 <u>52</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Blanch Buck MD</u>				23b. ADDRESS <u>Centon. Mo.</u>		23c. DATE SIGNED <u>2/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Josephs Mausoleum</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/16/52</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. W. Dammert</u>		ADDRESS <u>House Springs Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 21 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED FEB 19 1952

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
Student Embalmer

Student Embalmer No.

Signed _____

Licensed Embalmer No. 1470

P. O. Address Home Springs 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.