

5. No. 300
Y. 10. 48

FILED MAR 29 1952

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **11017**
Registrar's No. **797**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH
a. COUNTY **St. Louis**
b. CITY (If outside corporate limits, write RURAL and give town) **Jennings**
c. LENGTH OF STAY (In this place) **ST. FRANCIS**
d. FULL NAME OF HOSPITAL OR INSTITUTION **5623 Janet Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY (If outside corporate limits, write RURAL and give township) **4148**
d. STREET ADDRESS (If rural, give location) **5623 Janet Ave.**

3. NAME OF DECEASED (Type or Print)
a. (First) **Mabel** b. (Middle) **Kapeller** c. (Last) **Duvall** DATE OF DEATH (Month) (Day) (Year) **March 23, 1952.**

5. SEX **female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **May 30, 1900** 9. AGE (In years last birthday) **51** IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

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

13a. FATHER'S NAME **Albert Kapeller** 13b. MOTHER'S MAIDEN NAME **Clara Heinrich** 14. NAME OF HUSBAND OR WIFE **MR JOSEPH DUVALL**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mr. Joseph Duvall 5623 Janet Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute coronary occlusion**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **CARDIAC DECOMPENSATION**
DUE TO (c) **-**
11. OTHER SIGNIFICANT CONDITIONS **Diabetes Mellitus - Pyelitis**
INTERVAL BETWEEN ONSET AND DEATH **1 hour**
3 months
1 year - 2 wks.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4201** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June, 1951**, to **March 23, 1952**, that I last saw the deceased alive on **March 23, 1952**, and that death occurred at **11:45 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Harold C. Selle MD** 23b. ADDRESS **5626 W. Flouissant** 23c. DATE SIGNED **3/25/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **3-26-52.** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REG. **3-25-52** REGISTRAR'S SIGNATURE **Herbert R. Dombke MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Math Hermann & Son, Inc. 261 E. Fair Ave.**

SW (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. _____

Student
Student Embalmer

Signed _____
W. W. Hayes

Licensed Embalmer No. *3737*

P. O. Address *St. Louis 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.