

5. No. 300
17. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7930

State File No.

FILED MAR 11 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1839**

1. PLACE OF DEATH
a. COUNTY
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Mo.** c. LENGTH OF STAY (In this place)
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2019**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **7513a Michigan Ave.,**
d. STREET ADDRESS (If rural, give location) **7513a Michigan**

3. NAME OF DECEASED (Type or Print) a. (First) **Emil F. Schrappen** b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) **Feb. 16, 1953**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 11, 1877** 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) **75**

10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) **retired Police Officer** 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Ferdinand Schrappen** 13b. MOTHER'S MAIDEN NAME **Laura Unk** 14. NAME OF HUSBAND OR WIFE **Mary Schrappen**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or kind of service) **no** 16. SOCIAL SECURITY NO. **no** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jos. J. Schrappen 7525 Michigan**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arterio sclerosis heart disease**
INTERVAL BETWEEN ONSET AND DEATH **5 yrs**
*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 (b) **arterial hypertension**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
OTHER SIGNIFICANT CONDITIONS (d) **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 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) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR **4200**

22. I hereby certify that I attended the deceased from **Feb 10, 1953** to **Feb 16, 1953**, that I last saw the deceased alive on **Feb 16, 1953**, and that death occurred at **430a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John J. Schrappen MD** 23b. ADDRESS **108 N. Grand** 23c. DATE SIGNED **2/17/53**

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) **burial** 24b. DATE **2-18-53** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Olive Cem.** 24d. LOCATION (City, town, or county) (State) **Lemay, 23, Mo.**

DATE REC'D BY LOCAL REG. **FEB 17 1953** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Southern Funeral Home 6322 S. Grand**

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. J. J. Connor
508 N Grand
Ave 4172
163

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

Ben E. [Signature]

Licensed Embalmer No. 4366

P. O. Address [Signature]

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.