

**STANDARD CERTIFICATE OF DEATH**

26089

State File No. ....

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6148**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony Hospt.</b>		<b>15</b> <b>3854 Meramec St</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Emma</b>			a. (First)			b. (Middle)			c. (Last) <b>Apel</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 18 1953</b>			
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>Sept 16 1867</b>			<b>9. AGE</b> (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>				<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis Mo.</b>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>			

<b>13a. FATHER'S NAME</b> <b>Geo. Zell</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Zohn</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Wm. G. Apel</b>			<b>Dec</b>		
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Lena Gauger</b>		<b>ADDRESS</b> <b>3854 Meramec St.</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary oedema</b>			<b>1 week</b>
	<b>cardiac decomposition</b>			<b>1 week</b>
<b>ANTECEDENT CAUSES</b>		<b>Uraemia</b>	<b>1 week</b>	
<b>DUE TO (b)</b>		<b>Diabetes mellitus</b>	<b>1 year</b>	
<b>DUE TO (c)</b>				
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>260x</b>
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**22. I hereby certify that I attended the deceased from** **May 21** **1953** **to** **June 18** **1953** **that I last saw the deceased alive on** **June 18** **1953**, **and that death occurred at** **9.15 P.M.** **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Wm. Simpson M.D.</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>3739 Gravois</b>	<b>23c. DATE SIGNED</b> <b>6-19-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>June 22 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bethany Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>JUN 20 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>McNeick Bros</i>	<b>ADDRESS</b> <b>2201 S. Grand Blvd</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

3739 Gravois Ave

La 4088

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 *Samuel O. Yahn*

Licensed Embalmer No. *3967*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.