

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

State File No. 29742  
Registrar's No. 7514

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3002 LOUISIANA 16		d. STREET ADDRESS (If rural, give location) 3002 LOUISIANA	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) APPELBAUM c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) AUG. 1 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 23 1867
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIGAR MAKER		9b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIGAR MAKER		11. BIRTHPLACE (State or foreign country) MISSOURI 0	
10b. KIND OF BUSINESS OR INDUSTRY —		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME JOHN APPELBAUM	13b. MOTHER'S MAIDEN NAME GERTRUDE SCHMIDT	14. NAME OF HUSBAND OR WIFE WILHELMINA APPELBAUM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WILHELMINA APPELBAUM ADDRESS 3002 LOUISIANA

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic Hypertension 20 yrs DUE TO (c) Cardio-vascular disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Age		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 443X

22. I hereby certify that I attended the deceased from 11-12-1952, to 8-1-1953, that I last saw the deceased alive on 8-1-1953, and that death occurred at 8:30 AM, from the causes and on the date stated above.

23a. SIGNATURE C. A. Neeter, M.D. (Degree or title)	23b. ADDRESS 5600 S. Crofton	23c. DATE SIGNED 8-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 3 1953	24c. NAME OF CEMETERY OR CREMATORY S. S. PETER + PAUL	24d. LOCATION (City, town, or county) ST. LOUIS MO (State)
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DATE REC'D BY LOCAL REG. AUG 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis 2906 Dearborn
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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 C. Hill

Licensed Embalmer No. 43471

P. O. Address 2906 Graves

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.