

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 37323

9518

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

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,		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital.		e. STREET ADDRESS (If rural, give location) 26 1509 St. Louis Ave. 2269 0	

3. NAME OF DECEASED (Type or Print) a. (First) Peter	b. (Middle)	c. (Last) Kappler.	4. DATE OF DEATH (Month) (Day) (Year) Oct. 2, 1953.
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25, 1892.	9. AGE (In years last birthday) 61.	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) 0 New Hamburg, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Daniel Kappler	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jewel Kappler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown) (If yes, give year or dates of service) Yes W.W.I	16. SOCIAL SECURITY NO. 494-10-3988	17. INFORMANT'S SIGNATURE OR NAME Peter Kappler JR.	ADDRESS 1509 St. Louis, Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4222
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22. I hereby certify that I attended the deceased from July 15, 1953, to Oct 2, 1953, that I last saw the deceased alive on Oct 2, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE V A Delindewolf M.D. (Degree or title)	23b. ADDRESS 2026 So 9th St	23c. DATE SIGNED 10/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-3-53.	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Oran, Missouri.
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DATE REC'D BY LOCAL REG. OCT 5 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D. (Licensed Embalmer's Statement on Reverse Side)	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *John J. Haines* *J. Haines*  
John J. Haines

Licensed Embalmer No. 4108.

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...  
If this body is not embalmed, fact should be so stated above.