

No. 300  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1953

6051 State File No. 40073  
16 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (In this place) 5 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Emmaus Home				d. STREET ADDRESS (If rural, give location) 4720 Pennsylvania Avenue			
3. NAME OF DECEASED (Type or Print) Marie Kappler			a. (First) Marie b. (Middle) Kappler c. (Last) Kappler			4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 25, 1873		9. AGE (In years last birthday) 80	10 UNDER 1 YEAR Months 4	11 UNDER 24 HRS. Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Germany 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gottlieb Bochert		13b. MOTHER'S MAIDEN NAME Regina (?)		14. NAME OF HUSBAND OR WIFE Gottlieb Kappler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theophil Stoerker, St. Charles, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation		INTERVAL BETWEEN ONSET AND DEATH 1 week	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis, 10 yrs ±			
				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		4500		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 1st, 1953, to Dec 5th, 1953, that I last saw the deceased alive on Dec 1st, 1953, and that death occurred at 1 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Erich Schultz, M.D.				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED Dec 5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Park Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis, Mo.		
DATE REC'D BY LOCAL REG. Dec 7 1953		REGISTRAR'S SIGNATURE Francis H. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. ...			

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 Frank R. Amelung  
Licensed Embalmer No. 4882

P. O. Address H. Charles, 7

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.