

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH10953
State File No. 2698

318

1003

| | | | | | | | | | |
|---|--|--|----------------------|---|--|--|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>ST. LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>219</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3400 S. GRAND</u> | | | | e. STREET ADDRESS (If rural, give location) <u>16 3400 S. GRAND</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | | | | |
| a. (First) <u>JOHANNA</u> | | | b. (Middle) <u>-</u> | | | c. (Last) <u>KAPPEL</u> | | | |
| 4. DATE OF DEATH | | (Month) <u>MAR.</u> | | (Day) <u>14</u> | | (Year) <u>1956</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u> | | 8. DATE OF BIRTH <u>DEC. 24 1875</u> | | | |
| 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 WKS. Hours | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>FITEL KALCH</u> | | 13b. MOTHER'S MAIDEN NAME <u>JUSANNA RABONK</u> | | 14. NAME OF HUSBAND OR WIFE <u>PETER KAPPEL (DEC'D)</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>KATHERINE BOHN</u> ADDRESS <u>2750 ANN</u> | | | | | |
| 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 | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Dis</u> | | | | DUE TO (b) <u>Sen. Arteriosclerosis</u> | | | | DUE TO (c) | |
| 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 <u>4200</u> | | | | 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) <u>St. Louis, Mo.</u> | | | | | |
| 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 alive on <u>3/12/56</u> 19 <u>56</u> , and that death occurred at <u>8 A.M.</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>J.A. Meyera M.D.</u> | | | | 23b. ADDRESS <u>539 N. Grand</u> | | 23c. DATE SIGNED <u>3/15/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>MAR. 16 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL CHURCHYARD</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>MAR 15 1956</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuttie 2906 Lewis</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Therese Louise Bidgley

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 *Leo J. Rudde*

Licensed Embalmer No. *39*

P. O. Address *H. Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.