

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18496

4818

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4818					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 mo.		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 St. Louis Chronic Hosp.				e. STREET ADDRESS (If rural, give location) 4950 THURSTON ST. 20790							
3. NAME OF DECEASED (Type or Print) a. (First) Evelyn Rapp			b. (Middle)			c. (Last)					
4. DATE OF DEATH (Month) (Day) (Year) May 17, 1956											
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 3-16-1882					
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME			11. BIRTHPLACE (City and State or Foreign Country) Mo., ST. LOUIS					
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Herman Kisky		13b. MOTHER'S MAIDEN NAME Martha ?		14. NAME OF HUSBAND OR WIFE James Rapp				
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Hospital Records, 5800 Arsenal St.			ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 420.0			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) (Minute)		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 4-18-56, 19__, to 5-17-56, 19__, that I last saw the deceased alive on 5-19-56, 19__, and that death occurred at 10:45a., from the causes and on the date stated above.											
23a. SIGNATURE George M. Janku, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED May 18, 1956					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 19, 1956		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI					
DATE REC'D BY LOCAL REG. MAY 18 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. FEVIZ Funk Hm. 4828 North Bridge							

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed..... *Ralph L. Trudner* .....

Licensed Embalmer No. *422*

P. O. Address..... *St. Louis* .....

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.