0.300
0.48

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18512

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4462

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
c. LENGTH OF STAY (in this place) 53 yrs

c. CITY OR TOWN St.Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4059 Parker Avenue

e. STREET ADDRESS (If rural, give location) 16 4059 Parker Avenue 2169

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL b. (Middle) SOPHIE c. (Last) REPPEL

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov.30,1902
9. AGE (In years last birthday) 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer
10b. KIND OF BUSINESS OR INDUSTRY Hat Company
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Deutschmann
13b. MOTHER'S MAIDEN NAME Rosa Schlesinger
14. NAME OF HUSBAND OR WIFE George P. Reppel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 486-14-8149
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George P. Reppel, 4059 Parker Ave.

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.

2-28-54

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca left breast with Ca Left Breast with Generalized

ANTECEDENT CAUSES Generalized metastases Metastasis

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.

INTERVAL BETWEEN ONSET AND DEATH 2½ yr.

19a. DATE OF OPERATION 2/28/54
19b. MAJOR FINDINGS OF OPERATION Ca Left Breast · Ca left breast 170 x
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-22, 1954 (5-4-56), *to* 5-6, 1956 (2-22-54, 5-6-56), *that I last saw the deceased alive on* 5/4, 1956 (5/4), *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L.F.Hayden (Degree or title) L F Hayden M.D. M.D.
23b. ADDRESS 730 Hodiamont 730 Hodiamont
23c. DATE SIGNED 5/7/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 5-9-56
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) Belleville, Ill.

DATE REC'D BY LOCAL REG. MAY 8 1956
REGISTRAR'S SIGNATURE J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H.INC.,1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Hours 6-8 PM Monday or
1-3 Tuesday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 34

P. O. Address .....

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