

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1956

State File No. **39197**
Registrar's No. **9637**

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY							
b. CITY OR TOWN St. Louis			c. LENGTH OF STAY (in this place) Life		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 8722 Riverview Blvd.				e. STREET ADDRESS (If rural, give location) 8722 Riverview Blvd.							
3. NAME OF DECEASED (Type or Print)		a. (First) Charles		b. (Middle) Jos.		c. (Last) Appelt		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1956			
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, M. (Specify)		8. DATE OF BIRTH April 11, 1896		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice-Pres. Union Local # 603			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Herman Appelt			13b. MOTHER'S MAIDEN NAME Catherine Wagner			14. NAME OF HUSBAND OR WIFE Mrs. Arabella Appelt					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Arabella Appelt, 8722 Riverview Blvd.							
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, asthma, etc. It means the disease, injury, or complication which caused death.				<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Carcinoma mediastinal lymph nodes, metastatic</p> <p>ANTECEDENT CAUSES Due to (b) Carcinoma, Rt. Lung.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH 6 mos. 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163x						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) (Min.)		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 Jan 31, 1955 , to Oct 21, 1956 , that I last saw the deceased alive on Oct 20, 1956 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE Gorkle Eck				23b. ADDRESS 508 N. Grand				23c. DATE SIGNED Oct. 22, 56.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri						
DATE REC'D BY LOCAL REG. OCT 22 1956		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Donnelly			ADDRESS 3840 Lindell Blvd.			

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

11010000

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 W. H. [Signature]....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. [Signature].....

Licensed Embalmer No. 469

P. O. Address 3840 [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.