

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH30123  
STATE FILE NUMBER 7324

Registration District No. 318 Primary Registration District No. 1003 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> COUNTY <input checked="" type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01 2737 MIAMI</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>224 2737 MIAMI</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>M.</u> Last <u>VERSEN</u>		4. DATE OF DEATH Month <u>AUG.</u> Day <u>4</u> Year <u>1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 6 1868</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>AT Home</u>		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>JONAS RAPP</u>		14. MOTHER'S MAIDEN NAME <u>MARY LANGENECKERT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>LULA LUPFER 4139 MAGNOLIA</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Dissected Fibrillation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Epilepsy - grandmal</u> DUE TO (c) <u>353.1</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>1 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 1945</u> to <u>Aug 4, 1957</u> and last saw her <u>him</u> alive on <u>Aug 4, 1957</u> . Death occurred at <u>4:10 P.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Barclay J. Johnson M.D.</u>			22b. ADDRESS <u>6400 Magnolia</u>		22c. DATE SIGNED <u>8-5-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>Aug. 6 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS Co., Mo.</u>		23e. (State)			
24. FUNERAL DIRECTOR <u>Thomas Kutie 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 6 '57</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>mJB.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death unless the coroner has examined the body and the cause of death is not obvious. Diseases in Part I must be causally related.

Mar 14 8 16  
3-5 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision...

Student.....  
Signature of Student Embalmer

Signed *James C. Hill*.....

Licensed Embalmer No. 43

P. O. Address 2916 b.....

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.