Health, Welfare Public Service

300 1-57

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45992

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11483

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 08 Deaconess Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Franklin
c. CITY OR TOWN New Haven — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 31 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Kathrine Middle Maria Last Kappelmann

4. DATE OF DEATH Month November Day 28, Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov. 22, 1876
9. AGE (In years last birthday) 81 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Anton Dohrer
13b. MOTHER'S MAIDEN NAME Kathrine Hesemann
14. NAME OF HUSBAND OR WIFE Dan W. Kappelmann

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Dan W. Kappelmann, New Haven, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 170+
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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 20 Oct 24 1957, to Nov 28 1957 and last saw her/him alive on Nov 28 1957
Death occurred at 7:00 AM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Simon T Hamilton M.D.
22b. ADDRESS 7820 Carondelet
22c. DATE SIGNED 11/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-31-57
23c. NAME OF CEMETERY OR CREMATORY New Haven Cemetery
23d. LOCATION (City, town, or county) (State) New Haven, Missouri.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
25. DATE REC'D BY LOCAL REG. NOV 30 1957
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. A.C.M.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert M. Murray
Licensed Embalmer No. 3749
P. O. Address St. Louis, Mo

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.