

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011293

FILED MAR 19 1958

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2514

1. PLACE OF DEATH a. COUNTY <u>City</u>		2. USUAL RESIDENCE (Where deceased lived). If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis 12,</u>		c. CITY OR TOWN <u>St. Louis 12,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5877 Plymouth Ave</u>		STREET ADDRESS (If outside, give location) <u>5883 1/2 Plymouth Ave.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>MRS. GRACE GOSTING APPELEGATE</u>		4. DATE OF DEATH Month Day Year <u>Mar. 1, 1958</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</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>Jan. 16, 1882</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Strawberry Point, Iowa U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Alfred G. Gosting</u>	
13b. MOTHER'S MAIDEN NAME <u>Maria Guerin</u>		14. NAME OF HUSBAND OR WIFE <u>Horace C. Applegate</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. James M. Crawford, Sr. Plymouth 5883 1/2</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Sclerosis</u> DUE TO (b) <u>Cardio Vascular Disease</u> DUE TO (c) <u>with Hypertension.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>420.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u> <u>2 yrs.</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.) <u>—</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21. I attended the deceased from <u>July 16/57</u> to <u>Mar 1-58</u> and last saw her alive on <u>Mar 1/58</u> Death occurred at <u>7</u> m on the date stated above; and to the best of my knowledge, from the cause(s) stated.			
22a. SIGNATURE <u>Dr. M. J. Langan, M.D.</u> (Degree or title)		22b. ADDRESS <u>5803 Plymouth av</u>	
22c. DATE SIGNED <u>Mar 2/58</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>March 3, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Alexander & Sons 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 3 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

412 7th St
1503
Pa 15220

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 *jos. e. McCullough*

Licensed Embalmer No. *2462*

P. O. Address *627 52nd St*

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.