

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014737

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 46

S. 300

1-57

0500
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RURAL - MERAMEC</u>		c. CITY OR TOWN <u>ST. LOUIS 2009</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL</u>		d. STREET ADDRESS (If outside, give location) <u>9124 SIOUX DRIVE</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES AUGUST APEL</u>		4. DATE OF DEATH Month Day Year <u>APRIL 8 - 1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH <u>SEPT. 1 - 1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		11. BIRTHPLACE (City and state or country) <u>WARSAW, ILL!</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>?</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>494-368210A</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>VIRUS PNEUMONIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>GENERAL ARTERIOSCLEROSIS</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>492X</u>		17. INFORMANT <u>Brother Joseph</u> Address <u>Quincy, Mo.</u> 19. WAS AUTOPSY PERFORMED? YES ☐ 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 - Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>3/29/58</u> to <u>4/8/58</u> and last saw her alive on <u>4/8/58</u> Death occurred at <u>950</u> A m on the date stated above; and to the best of my knowledge from the causes stated.		22a. SIGNATURE (Degree or title) <u>J. S. Marder M.D.</u>	
22b. ADDRESS <u>St. Joseph's Hospital, Quincy, Mo.</u>		22c. DATE SIGNED <u>4/8/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/11/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	23d. LOCATION (City, town, or county) <u>St. Louis Co</u>
24. FUNERAL DIRECTOR <u>Kriegshauser St. Louis Mo</u>		25. DATE RECD. BY LOCAL REG <u>4-10-58</u>	
26. REGISTRAR'S SIGNATURE <u>Robert E. Bauer</u>			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

8561 - 8 TNP1

DATE RECEIVED

APR 15 1958

APR 18 1958

JUL 2 1958

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 *Richard W. Storvick*

Licensed Embalmer No. *4007*

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.