Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014629
STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3663

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5189 Raymond Ave., Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 5189 Raymond Avenue., Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Anthony Middle W. Last Apke		4. DATE OF DEATH Month Day Year April 10, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Sept 20, 1876
9. AGE (In years last birthday) 82	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) Retired Foreman	10b. KIND OF BUSINESS OR INDUSTRY City Street Dept.	11. BIRTHPLACE (City and state or country) Catawissa, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Apke	13b. MOTHER'S MAIDEN NAME Annie Rump	14. NAME OF HUSBAND OR WIFE Mathilda V. Apke	
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. 496-18-9878	17. INFORMANT Address Elmer W. Apke, 3153 Watson Road.,	

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) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 1949-1959

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Age

DUE TO (c) 422.2

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 [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [X] HOMICIDE [X]

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 1949-1959, to 1959 and last saw her/him alive on Apr. 10/59

Death occurred at 8:45 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J S Homan MD	22b. ADDRESS St John 864 Main ave	22c. DATE SIGNED Apr 11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-14-59	23c. NAME OF CEMETERY OR CREMATORY St. Patricks Cemetery
23d. LOCATION (City, town, or county) (State) Catawissa, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. APR 13 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Melvin L. Kemper

Licensed Embalmer No. 4052.

P. O. Address 4911 Washington 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.