

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31561

#100865

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State File No. _____

8566

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|---|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | 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> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Missouri.</u>) | | c. LENGTH OF STAY (In this place) <u>17</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>4447a Elmbank Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>RALPH</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>APPEL, SR.</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3rd, 1949</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | |
| 8. DATE OF BIRTH <u>November 6th, 1887</u> | | 9. AGE (In years last birthday) <u>61</u> | | 10. MONTHS <u>10</u> DAYS <u>27</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fish Creek, Wisconsin</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fish Creek, Wisconsin</u> | |
| 13a. FATHER'S NAME <u>Axel Appel</u> | | 13b. MOTHER'S MAIDEN NAME <u>Laura Kofoed</u> | | 14. NAME OF HUSBAND OR WIFE <u>Antoinette Appel</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Antoinette Appel, 4447a Elmbank Avenue</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | ANTECEDENT CAUSES (b) _____ | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>332X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8/22/49</u> to <u>10/3/49</u> , 19____, that I last saw the deceased alive on <u>10/3/49</u> , 19____, and that death occurred at <u>8:10pm</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert Kiyasu M.D.</u> | | | | 23b. ADDRESS <u>1515 Lafayette Ave.,</u> | | 23c. DATE SIGNED <u>10/4/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10/6/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 5 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4295

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 this body is not embalmed, fact should be so stated above.