

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

41537

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1608**

File No. ....

Township.....

Primary Registration District No. ....

Registered No. **12227**

City **St. Louis**

(No. **Missouri Baptist Hosp.** St. .... Ward)

**2. FULL NAME**

**Sarah Louise Appler**

(a) Residence No. **7343 Cornell** - St. **University City**

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. (if of foreign birth)

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Widowed**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**Joseph B. Appler**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**April 20 - 1848**

**7. AGE**

**87**

**8**

**9**

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

**At home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**Athens Penn.**

(STATE OR COUNTRY)

**10. NAME OF FATHER**

**Charles M. Gray**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Maryland**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

**Lupia Ann Barbe**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Pennessele**

(STATE OR COUNTRY)

**14.**

INFORMANT (Address)

**Ardis A. Appler  
7343 Cornell Ave.**

**15.**

FILED

**31 1930**

**W. C. Starnes**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Dec - 29 - 1930**

**17.**

I HEREBY CERTIFY, That I attended deceased from **Dec 22** 19**30**, to **Dec 29** 19**30** that I last saw her alive on **12-25-30** 19**30**, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Cerebral sclerosis**

**CONTRIBUTORY (SECONDARY)**

**108** (duration) yrs. mos. ds.  
**labor terminal pneumonia** (duration) yrs. mos. **3** ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? **Chest finding**

(Signed) **J. J. Farmer** M. D.

. 19

(Address) **Interpator Bldg. St. Louis**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**Valhalla Cem.**

**DATE OF BURIAL**

**12-31-1930**

**20. UNDERTAKER**

**C. R. Rupton**

**ADDRESS**

**4449 Olive St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mo. Bapt - Hunt.  
10, a. M.

C. A. Lyette

June 135