APR 9 1935

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

Do not use this space.
7614
2061

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 3825 Fillmore St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Louise M. Cappelle
(a) Residence, No. 3825 Fillmore St., / Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Emil P. Cappelle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3, 1877.

7. AGE: YEARS 57 | MONTHS 7 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hswf
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oakville, Mo.

FATHER
13. NAME: Wm. H. Grate
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Magdelene Westermann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oakville, Mo.

17. INFORMANT (ADDRESS): Mrs. Stilkley 3825 Fillmore

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 3-2-35, 19

19. UNDERTAKER (ADDRESS): Southern Und Co. 6322 S. Grand

20. FILED MAR - 1 1935 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1923 to February 28th, 1935
I last saw her alive on February 28th, 1935. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	5 yrs.
93C	
Other contributory causes of importance:	
Arthritis Deformans. -	20 yrs.

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify
(Signed) Albert Beisbarth, M. D.
(Address) 3548 S. Grand Bl.

N. 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.

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Biesbarth
3508 So. Grand