

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH12619  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis,** (d) Street No. **City Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3223**2. PRINT FULL NAME **Louis Wallrapp 461**

(a) Residence, No. **1920 Sidney St.** St. **23**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 3, 1869.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**69 3 --**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Tinner**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired 3 yrs.**  
 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) **St. Louis, Mo.**FATHER 13. NAME **Carl Wallrapp**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**MOTHER 15. MAIDEN NAME **Anna M. Hauck**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**17. INFORMANT (ADDRESS) **Katherine Wallrapp  
1920 Sidney St.**18. BURIAL, CREMATION, OR REMOVAL **SS Peter and Paul Cem. Apr. 6, 1938**19. FUNERAL DIRECTOR (ADDRESS) **W. S. L. & Co.  
2630 Gravois Ave.**20. FILE **APR 5 1938** **J. F. Budich** Local Registrar.NO MEDICAL CERTIFICATE OF DEATH  
NO ATTENDING PHYSICIAN21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/3/38** 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... Death is said

to have occurred on the date stated above, at **9:55 P.M.**

The principal cause of death and related causes of importance were as follows:

**Fracture of Skull, Oedema of Brain, Multiple bruises over body suffered when struck by Dodge Sedan, driven by one Wendelin Martin, in front of about 1921 Sidney St., about 8:00**

Other contributory causes of importance:  
**7 A.M. March 29, 1938, when deceased ran into side of Dodge Sedan.**

## ACCIDENT

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **Yes.**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **Accident** Date of injury **3/29/1938**Where did injury occur? **St. Louis, Mo.**  
 (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.  
**In Public Place**Manner of injury..... **See Above.**24. Was disease or injury in any way related to occupation of deceased? **No.**  
 If so, specify.....(Signed) **Joseph M. Quinn**, M. D.(Address) **1021 1/2 E. 12th St. St. Louis, Mo.**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

**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.)**