

REC'D MAY 10 1938

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

12761
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
(d) Street No. Deaconess Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number) St. St.
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 3365

2. PRINT FULL NAME

Josephine R. Mappes Fahrenkrog 652
(a) Residence, No. 4569 Alice Avenue St. 9
(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 Female
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 Henry F. Fahrenkrog
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 2 21

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Missouri

FATHER
13. NAME Conrad Mappes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Magdalene Berger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT Henry F. Fahrenkrog
(ADDRESS) 4569 Alice Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Apr. 11, 1938

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED APR 10 1938 J.F. Bredich
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 20, 1938, to April 7, 1938.
I last saw her alive on April 7, 1938. Death is said to have occurred on the date stated above, at 1:18 P. M.
The principal cause of death and related causes of importance were as follows:

Coronary disease
Acute dilatation of heart
Date of onset 4-6-38
Other contributory causes of importance:
Myocardial Arteriosclerosis & chronic Diabetes
Hypertension

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

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) John C. Knapp, M. D.
(Address) 940 W. 31st 634 St. Grand Bl

Jefferson 0021

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

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.

FORM 7-33
1 X12004

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz L. E.

No. 3 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)