

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

Rev. 5-17-39  
11 X19311

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.

DEPARTMENT OF COMMERCE

BUREAU OF VITAL STATISTICS

791  
OCT 14 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

31314

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **8377**

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Birth  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST LOUIS

(c) City or town University City **NR**  
(If outside city or town limits, write "RURAL")

(d) Street No. 7070 Washington Blvd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Gustav C. Papendick **153**

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28  
year 1939 hour 8:30 PM minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Papendick

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 20, 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 25, 1939, to Sept. 28, 1939, that I last saw him alive on Sept. 28, 1939, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>4</u>	<u>8</u>	hr. _____ min. _____

Immediate cause of death Peritonitis - Acute - Spreading **1**  
Wen. Duodenum - Perforated **4 da.**

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business Papendick Baking Co.

12. Name Gustav Papendick

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: Perforated - Wen. Duodenum  
Peritonitis

Of operations \_\_\_\_\_

Of autopsy no.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Elizabeth Papendick

(b) Address 7070 Washington Blvd. UC.

17. (a) Burial (b) Date thereof 9-30-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 30 1939 (b) J. J. Predeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature Orville R. Sevin M.D. (M. D. or other)

Address 3770 Washington Blvd Date signed 9/29/39

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry Hampton*

Licensed Embalmer No.....

*2967*

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, above space should be left blank.**