

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.

Registration District No. 2802 Primary Registration District No. _____

1. PLACE OF DEATH: St. Louis, Missouri
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 Days
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 1
(c) City or town ST. LOUIS 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4601 Mc MILLAN
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward Schappacher 126
3. (b) If veteran, name war No
3. (c) Social Security No. 497-10-8829

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife MARIE 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec 11 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 0 15 hr. min.

9. Birthplace KANSAS CITY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation PAPER HANGER

11. Industry or business PAPER HANGER

MOTHER FATHER
12. Name JOHN SCHAPPACHER
13. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)
14. Maiden name KATE WEIL
15. Birthplace UNKNOWN IOWA
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. Bacher
(b) Address 6524 HAZEN.

17. (a) BURIAL (b) Date thereof 12-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY

18. (a) Signature of funeral director Carlton Kelly

(b) Address 1416 N. Taylor

19. (a) DEC 27 1939 (b) J. D. Bacher
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26,
year 1939 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from November 27, 1939 to December 26, 1939

that I last saw him alive on December 26, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Myocardial Pathology
Due to Chronic Myocarditis
Duration _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Myocardial Pathology
Underline the cause to which death should be charged statistically

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)
(e) Means of injury _____

23. Signature J. D. Bacher (M. D. or other)
Address 1515 Lafayette, 12/26/39
Date signed

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.....

James G. Lammer....., Registered Apprentice No. *188*
working under my personal supervision.

Signed *John Fitzgerald*.....

Licensed Embalmer No. *131*.....

P. O. Address *1416 N. Taylor*.....

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.