

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23881

State File No. _____

6329

Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3512 Prarie Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 65 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 3512 Prarie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME George Walden Applegate 142

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Burke 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 28 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 0 29 hr. min.

9. Birthplace Newport Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER { 12. Name Oliver H.B. Applegate

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

14. Maiden name Mary L. Mc Clure

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

16. (a) Informant Grace Applegate
(b) Address 3512 Prarie Ave

17. (a) Cremation (b) Date thereof July 29 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Wagoner Und Co
(b) Address 3621 Olive St.

19. (a) JUL 28 1940 (b) J. F. Bredek
(Date received in local office) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1940 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from March 15 1940 to July 26 1940
that I last saw him alive on July 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration _____

Due to HO
Due to HO

Other conditions Arteriosclerosis
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Carcinoma of Pancreas
Of operations _____
Of autopsy no
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 R. Zell (M. D. or other) _____
Address Freeborn Date signed 7-28-40

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

Dr. R. Zell
R 318, 908 Olive St

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~XXXXX~~

Robert T. Sangster

, Registered Apprentice No. 259

working under my personal supervision.

Signed

Neville B. Crokwiller

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.