FILED SEP 25 1940

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27096

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6992

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: 4211a Hunt Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 4211a Hunt Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George R. Rapp

3. (b) If veteran, name war

3. (c) Social Security No. 188-09-8295

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Josephine Fay

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

7. Birth date of deceased March (Month) 11th, (Day) ~~1888~~ 1878 (Year)

8. AGE: Years 62 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Chemical Co

FATHER
12. Name Reinholdt Rapp
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant George Rapp Jr
(b) Address 4211a Hunt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [signature]
(b) Address Clayton Rd At Concordia Lane

19. (a) AUG 19 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th, year 1940 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from 7/26 1940, to August 16th, 1940 that I last saw him alive on August 16th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis (Coronary type)	8 Mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Interstitial Nephritis	1 yr

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 162 N. Taylor Ave Date signed 8/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 1994

P. O. Address Clayton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.