S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21

MAR FEB 25 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 21

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

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: 2853 Mc Nair (If not in hospital or institution, write street number or location)

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

In this community 74 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 2417

(d) Street No. 2853 Mc Nair Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Alfred Rapp

3. (b) If veteran, name war no

3. (c) Social Security No. 496 n 92-3270

4. Sex Male 0

5. Color or race Wht.

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

6. (b) Name of husband or wife Matty Rapp

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Unknown (Month) About (Day) 1866 (Year)

8. AGE: Years About 74 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Night Watchman

11. Industry or business Brewery

FATHER
12. Name William Rapp
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Matty Rapp

(b) Address 2853 Mc Nair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4. 41 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave.

19. (a) 1-2-41 (Date received local registrar) (b) J. F. Bredeckill (Registrar's signature) 1144

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2nd year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from October 1st, 1940, to Jan 2, 1941; that I last saw him alive on 1 - 1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	6 mo
Chr. Interstitial Nephritis	"
Due to General Arterial Sclerosis	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 0

23. Signature N. S. Langdorf (M. D. or other)

Address 3115 So. Grand Date signed 1/2/41

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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, fact should be so stated above.