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FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8712**  
Registrar's No. **2122**

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:  
**3612 Connecticut Apt. 4 W./**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **NOO**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1617**  
(d) Street No. **3612 Connecticut Apt. 4 W.** (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME **Mary Anna Appel**  
3. (b) If veteran, name war **---** 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **William Appel** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **October 31, 1863**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name **John Primm**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **William Appel**  
(b) Address **3612 Connecticut**

17. (a) **Burial** (b) Date thereof **3/8/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Mausoleum**

18. (a) Signature of funeral director **Wacker-Welderle**  
(b) Address **2331 S. Broadway**

19. **MAR 6 1941** (b) **J. W. Bredeek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **5**  
year **1941** hour **9** minute **30 PM.**

21. I hereby certify that I attended the deceased from **Feb. 15, 41**  
\_\_\_\_\_ 19\_\_\_\_ to **Mch. 5, 41.** 19\_\_\_\_

that I last saw her alive on **Mch. 5, 41** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hyper-tensive heart disease**  
**Senility.**

Duration **Yrs**

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

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

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

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature **J. W. Bredeek**

Address **1100 S. Broadway** Date signed **3/6/41**

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

**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..... *Frank J. Highland*

Licensed Embalmer No. *2645*

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, fact should be so stated above.**