

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3660 Shenandoah Ave. /
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
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(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3660 Shenandoah Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Harry E. Applegate

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Frances Applegate 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct. 28, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Bushnell Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Tilesetter

11. Industry or business _____

MOTHER { 12. Name Ira Applegate

FATHER { 13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Applegate
 (b) Address 3660a Shenandoah Ave.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 4/26/44
(Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 S. Grand Bl.

19. (a) APR 25 1944 (b) J. F. Bruders
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
 year 1944 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 13 1944 to April 23 1944
 that I last saw him alive on April 22 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration 10 hrs

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? _____

While at work? _____ (Specify if place)

(e) Means of injury _____

23. Signature Annelle White (M. D. or other) M.D.
 Address 11 88 Hodi arms on Date signed 4-26-44

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 *Nancy G. Stewart*.....

Licensed Embalmer No..... 3722.....

P. O. Address 412 Duchouquette 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, fact should be so stated above.