

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1371

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton RR# 2  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(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 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Clayton RR# 2 Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Warson & Page Ave.  
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE A. APPEL

3. (b) If veteran, name war —

3. (c) Social Security No. —

20. DATE OF DEATH: Month June day 22  
year 1944 hour 7 minute 00 P.M.

4. Sex MO

5. Color or race W.

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

6. (b) Name of husband or wife Addie Appel

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

7. Birth date of deceased Aug. 25, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 22<sup>nd</sup>, 1943, to June 22<sup>nd</sup>, 1944 that I last saw him alive on June 21<sup>st</sup>, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 9 Days 27  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to Arteriosclerosis 1 yr.

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

10. Usual occupation Retired Farmer

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

12. Name Henry Appel

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

14. Maiden name Unknown Deusers

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

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? \_\_\_\_\_

16. (a) Informant Mr. Charlie Appel

(b) Address Clayton Mo. RR# 2

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

17. (a) Quinal (b) Date thereof 6-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Cemetery (Ev)

18. (a) Signature of funeral director Baumann Bros Inc

(b) 504 Woodson rd. Overland Mo.

19. (a) JUN 27 1944 (b) i. S. McSarran, Jr.  
(Date received local registrar) (Registrar's signature)

23. Signature H. T. Tolson, M.D. (M. D. or other) \_\_\_\_\_  
Address Pastor Miller Mo. Date signed June 24 1944

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

*W. G. Peterson*

Licensed Embalmer No. *# 3767*

P. O. Address *Overland*

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

**If this body is not embalmed, fact should be so stated above.**