

FILED AUG 3 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
3548 Arsenal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **/**
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**
(d) Street No. **3548 Arsenal**
(If rural, give location) **716**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Harriet Apel**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Herman** 6. (c) Age of husband or wife if alive _____ years

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

8. AGE: Years Months Days If less than one day
About 78 hr. min.

9. Birthplace **Boonville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nurse**

11. Industry or business

12. Name **Unknown**
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 **Ernest H. Roeschel**
(b) Address **Evanston Ill.**

17. (a) **Removal** (b) Date thereof **7-25-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Boonville Mo.**
JOS. P. ENDLER, JR. FUNERAL HOME
7128 Michigan Ave.

18. (a) Signature of funeral director
(b) Address
19. (a) **J. J. Biedeck** (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**
year **1945** hour **9** minute **A** M.

21. I hereby certify that I attended the deceased from **July 1** 19**45** to **July 23** 19**45**
that I last saw her alive on **July 22** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial deterioration sen. yr.**
Duration

Due to **Heart Exhaustion**

Other conditions **Heart Exhaustion**
(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 type of place) (e) Means of injury

23. Signature **Ernest Mueller** (M. D. or other)
Address **3548 Arsenal** Date signed **July 25**

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

MOTHER FATHER

JUL 24 1945

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

Clarence Kochow

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence Kochow

Licensed Embalmer No.

3093

P. O. Address

1128 Michigan

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.