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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2322**
Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **369**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6255 San Bonita
(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 _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6255 San Bonita**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Minnie Capellen**
3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Late Louis**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct. 2 1869**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 9 hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Henry Brickenkamp**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Meyerwisch**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Johanna Heyde**
(b) Address **6255 San Bonita**

17. (a) **Burial** (b) Date thereof **1 14 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**
(b) Address **4228 S. Kingshighway Bl.**
JAN 13 1947

19. (a) _____ (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **11th**
year **1947** hour **12:00** minute **Noon** M.
21. I hereby certify that I attended the deceased from **January 2,**
1940 to **January 11, 1947**
that I last saw her alive on **January 11, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the colon,** Duration **7 yrs.**
H/O
Due to _____
Due to _____
Other conditions **Obstruction,** Duration **4 days.**
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of colon.** PHYSICIAN
Of operations _____
Of autopsy _____
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? _____

23. Signature **O. Raine** (M. D. or other) _____
Address **320 Metropolitan Bldg.** Date signed **1/13/47**
While at work? _____ (Specify type of place) (e) Means of injury _____

Mr. [unclear] [unclear] [unclear]
108 210. [unclear]
9-11
1-3

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 Richard W. Stovessand

Licensed Embalmer No. 4007

P. O. Address.....

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.