

No. 2  
-12-45  
5-17-39

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5960**  
**2132**  
Registrar's No.

Registration District No. **318** 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:  
**Vale Manor Nursing Home**  
(If not in hospital or institution, write street number and location)  
**5904 Gates Avenue, St. Louis**  
 (d) Length of stay: In hospital or institution **30 months**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3612 Connecticut Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **William Appel**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Mary Anna** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased **July 13th, 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**84 7 14** hr. min.

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

10. Usual occupation **Real Estate Business**

11. Industry or business.....

MOTHER FATHER  
 12. Name **Jacob Appel**  
 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 **Dr. Oliver Witham Appel**  
 (b) Address **3664 Washington, St. Louis, Mo.**

17. (a) Entombment (b) Date thereof **Mar. 3, 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Mausoleum**  
 18. (a) Signature of funeral director **Wacker - Felder R. & C.**  
 (b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **3-3-47** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27th**  
 year **1947** hour **4** minute **00** P. M.  
 21. I hereby certify that I attended the deceased from **June 2**  
 19**44** to **July 27** 19**47**  
 that I last saw him alive on **July 26** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Myocardial Infarction**  
 Due to **Hypertension**  
 Due to **Chronic Sclerosis**  
**Senility**  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 Duration.....  
 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 **Herbert Kelly** (M. D. or other).....  
 Address..... Date signed **3-1-47**

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

FILED

MAR 11 1947

*[Handwritten mark]*

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**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..... *Robert C. Wheeler* .....  
Licensed Embalmer No..... *2128* .....  
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.**