

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **5962**  
Registrar's No. **2074**

FILED MAR 11 1948  
Registration District No. **348**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1754 Preston Place  
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis-- 1754 Preston Place  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 27, day 27  
year 1947 hour 10:00 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Jan 6  
1947 to Feb 27, 1947;  
that I last saw her alive on Feb 27, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis (acute) Duration 3 weeks

Other conditions 1754 Branchitis - Chronic 2 yrs  
(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? \_\_\_\_\_

23. Signature Dr. Willard J. Nash (M. D. or other) Do 2  
Address 1829 S. 19th St. Louis, Mo. Date signed 2/28/47

3. (a) PRINT FULL NAME Minnie Appiano

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased March 27th 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 11 0 hr. min.

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

10. Usual occupation --

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 Mrs. Walter Peschka  
(b) Address 4635 Loughborough

17. (a) ~~burial~~ Cremation (Burial, cremation, or removal) Date thereof 2-28-47  
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 Gravois Ave.

19. (a) \_\_\_\_\_ (b) J. F. Bredack (Registrar's signature)

(Date received local registrar) Feb 28 1947

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

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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.....

*Not Embalmed*  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Thos Kutis*.....

Licensed Embalmer No. *1619*.....

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.**