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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1947

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

State File No. 22596

Registration District No. 318 | Primary Registration District No. 1006 | Registrar's No. 6110

**1. PLACE OF DEATH:**

(a) County: St. Louis, Mo.

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3838 Lincoln (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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 3838 Lincoln (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: Jennie Kate Reppell

3. (b) If veteran, name war

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: George H. Reppell

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

7. Birth date of deceased: March 7, 1868 (Month) (Day) (Year)

8. AGE: Years 79 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace: Herman (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Nil

11. Industry or business

FATHER
12. Name: Martin Feebis
13. Birthplace: (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name: Clara Scarfenberger
15. Birthplace: (City, town, or county) Ga. (State or foreign country)

16. (a) Informant: C. Georgia Mills
(b) Address: 3838 Lincoln

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Zion Cemetery

18. (a) Signature of funeral director: Edith E. Ambruster
(b) Address: 4234 Manchester Ave.,

19. (a) JUL 2 6 1947 (Date received by Registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June, day 24, year 1947, hour 12.50 P.M. minute M.

21. I hereby certify that I attended the deceased from April 15th 1946, to June 24, 1947, that I last saw her alive on June 24, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the Stomach — Duration: 7

Due to: Metastasis

Due to:

Other conditions (Include pregnancy within 3 months of death): No

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: James Chuck S.O. (M. D. or other)

Address: 4340 Lindell Blvd. Date signed: 6/28/47

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

Licensed Embalmer No. 1284

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.**