No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3551

FILED JAN 21 1948

Registration District No. 3207 — Primary Registration District No. 6076 — Registrar's No. 161

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Elm Grove Ave.
(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: St. Louis 96

(c) City or town: Florissant 10
(If outside city or town limits, write "RURAL")

(d) Street No.: Elm Grove Ave. 1
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: Catherine Pappermann

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: Robert Pappermann

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

7. Birth date of deceased: January (Month) 10 (Day), 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	0	6	..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: unknown Albert
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Elsie Venning
(b) Address: Elm Grove Ave.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof: 1/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Crematory

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) 1-19-48 (Date received local registrar) (b) Earl C. Hamp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th year 1948 hour 4:20 minute P. M.

21. I hereby certify that I attended the deceased from November 1, 1947, to Jan 16, 1948, that I last saw her alive on Jan 16, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to: Arteriosclerotic heart disease & vascular disease	Yrs.
Due to: 932	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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: Joseph S. Gray (M. D. or other) MD

Address: Gen. Rosecrans Bryson, Mo. Date signed 1/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Vi. 7-0621
~~422 Adams~~ - Ferguson
9a S. Florissant Rd

FEB 3 - 1948

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 Warren A. Carver

Licensed Embalmer No. 3534

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.