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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31331

FILED SEP 20 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7959

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

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: 6327 Murdoch Ave. /
(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 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL") 5

(d) Street No. 6327 Murdoch Ave.
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FELIX W. PAPE (FRED)

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Alma

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

7. Birth date of deceased June (Month) 30 (Day) 1888 (Year)

8. AGE: Years 60 Months 2 Days 9 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 11 (State or foreign country)

10. Usual occupation Sales Representative

11. Industry or business Hoffman Woolen Mills

FATHER
12. Name William Pape
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Emily Ebener
15. Birthplace Quincy (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Alma Pape
(b) Address 6327 Murdoch Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

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

19. (a) SEP 10 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1948 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from July, 1948 to Sept. 11, 1948 that I last saw him alive on Sept 11, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder 7

Due to Liver & Intestines Site Gall Bladder

Due to 7

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Inoperable Ca

Of autopsy See above

Duration

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 Ray J. Schurter (M. D. or other)

Address 3606 Gravois Date signed 9/9/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) RAY J SCHURTER

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.