

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **15103**

FILED MAY 3 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1091**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Manchester		c. LENGTH OF STAY (in this place) 5 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home		e. CITY (If outside corporate limits, write RURAL and give township) Maplewood	
		f. STREET ADDRESS 2200th Brodel	

3. NAME OF DECEASED (Type or Print) a. (First) Alvina b. (Middle) C c. (Last) Appel			4. DATE OF DEATH (Month) (Day) (Year) Apr. 24, 1951		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widow	
8. DATE OF BIRTH Jan 31, 1867		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mascoutah, Ill.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John H Braun		13b. MOTHER'S MAIDEN NAME Haustein		14. NAME OF HUSBAND OR WIFE Charles H Appel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C H Appel 5435 Sutherland	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic (general)		INTERVAL BETWEEN ONSET AND DEATH for years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic heart Kidneys			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **21**, 19**41**, to **4/2**, 19**51**, that I last saw the deceased alive on **4/2**, 19**51**, and that death occurred at **3:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Moskop, M.D. (Degree or title)		23b. ADDRESS 3554 VICTOR ST. ST. LOUIS MO		23c. DATE SIGNED 4/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/26/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
				24d. LOCATION (City, town, or county) (State) St Louis County, Mo.	

DATE REC'D BY LOCAL REG. 4-26-51		REGISTRAR'S SIGNATURE Herbert A. Blank, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.