No. 300
10-48

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24221

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6286

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) LIFE. 26
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DE PAUL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2269
d. STREET ADDRESS (If rural, give location) 1928 A. BENTON ST.

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) BERNARD c. (Last) AEPKEN.
4. DATE OF DEATH (Month) JULY (Day) 13TH. (Year) 1951.
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH OCT. 2ND. 1880
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FORMERLY CLERK.
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME BERNARD H. AEPKEN
13b. MOTHER'S MAIDEN NAME ANNA E. HAGEDORN
14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE.
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT'S SIGNATURE OR NAME Bernard H. Aepken 9401 Auburn Dr. ADDRESS Fleming Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis, — INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Coronary Occlusion — 1 days
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia — 10 days
DUE TO (c) Ch. Nephritis — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from July 8, 1951, to July 13, 1951, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE B. G. Steigal (Degree or title)
23b. ADDRESS 1875 Madison
23c. DATE SIGNED 7 13 51
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 16TH 1951.
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MISSOURI.
DATE REC'D BY LOCAL REG. JUL 14 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827 Hogan St.

(Licensed Embalmer's Statement on Reverse Side)

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

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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Student Embalmer

Signed Gary W Wilkinson

Licensed Embalmer No. 35775

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.