

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19677
Registrar's No. 259

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

43
2

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Calloway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles 1920</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Fulton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Charles Township 1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u> | | d. STREET ADDRESS (If rural, give location) <u>Unit</u> | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>HENRY</u> c. (Last) <u>WAPPEHORST</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | |
| 8. DATE OF BIRTH <u>23 Jan 1895</u> | | 9. AGE (In years) (Month) (Day) (Hours) (Mins.) <u>57 5 14</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Jacob Wapplehorst</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ridell</u> | | 14. NAME OF HUSBAND OR WIFE <u>—</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hoop records Fulton, Mo</u> | |

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|---|--|--|--|----------------------------------|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Ex-haustion</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 69317 46 | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy - 2nd Pathic, recently chr</u> | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>137</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1 July 1945, to 7 July 1952, that I last saw the deceased alive on 6 July 1952, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title) <u>J. C. Caldwell Jr. M.D.</u> | | 23b. ADDRESS <u>Fulton, Mo.</u> | | 23c. DATE SIGNED <u>7 July 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>July 2/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St Charles Mo</u> | |
| | | 24d. LOCATION (City, town, or county) <u>St Charles Mo</u> | | (State) | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>July 11-1952</u> | | REGISTRAR'S SIGNATURE <u>Martha Lawrence 426</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dallmeyer J. N. St Charles Mo.</u> | |
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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

Henry A. Stearns

Licensed Embalmer No. *3772*

P. O. Address *Fullton 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.