

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7321
1290

State File No.

Registrar's No.

FILED FEB 25 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

REG. DIST. NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 339 No. Taylor (Avalon Hotel)		d. STREET ADDRESS (If rural, give location) 339 No. Taylor Ave.,	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) HOWARD	
c. (Last) APPLIGATE.		4. DATE OF DEATH FEB. 2, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed.	8. DATE OF BIRTH Nov 1, 1868.
9. AGE (In years last birthday) 84.		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) Retired.. Ventilating and sheet metal.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio. 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Applegate.		13b. MOTHER'S MAIDEN NAME Katherine Myer.	
14. NAME OF HUSBAND OR WIFE Nellie Lee Applegate.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. none.	
17. INFORMANT'S SIGNATURE OR NAME Hugh Bowen.		ADDRESS 4448 Maryland Ave; St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis, chronic DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 1 week 6 yrs 8 yrs
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H91X	
22. I hereby certify that I attended the deceased from June, 1942, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 10 P m., from the causes and on the date stated above.			
23a. SIGNATURE Charles N. Aulien MD		23b. ADDRESS 3720 Washington.	
23c. DATE SIGNED 2.3.53			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Spring Grove Cemetery.	24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio.
DATE REC'D BY LOCAL REG FEB 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clarence H. Murray*

Licensed Embalmer No. *4911*

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.