

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25124**
Registrar's No. **6501**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) **3 yrs.** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Bernard Nursing Home 4385 Maryland Ave.** e. STREET ADDRESS (If rural, give location) **19 4385 Maryland Ave. 2199 0**

3. NAME OF DECEASED (Type or Print) a. (First) **Elizabeth** b. (Middle) **M.** c. (Last) **Rapp** **4. DATE OF DEATH** (Month) (Day) (Year) **July 14, 1954**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed** **8. DATE OF BIRTH** **Sept. 27, 1865** **9. AGE** (In years last birthday) **88** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **None** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** **10b. KIND OF BUSINESS OR INDUSTRY** **None** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **Gerhardt Sachleben** **13b. MOTHER'S MAIDEN NAME** **----- Boedman** **14. NAME OF HUSBAND OR WIFE** **Charles Rapp**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) **No** (If yes, give war or dates of service) **-----** **16. SOCIAL SECURITY NO.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Walter C. Haessler** **ADDRESS** **5767 Lindell Bl.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**
INTERVAL BETWEEN ONSET AND DEATH **Immediate**
ANTECEDENT CAUSES **Arteriosclerotic Heart D, 5 yrs**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Blind.**
DUE TO (c) _____
11. OTHER SIGNIFICANT CONDITIONS **Blind.**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None** **19b. MAJOR FINDINGS OF OPERATION** **None** **20. AUTOPSY?** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** **21b. PLACE OF INJURY** (e.g., in or about home, store, factory, street, office bldg., etc.) **none** **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None** **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **None** **4200**

22. I hereby certify that I attended the deceased from **June 19, 1951**, to **July 14, 1954**, that I last saw the deceased alive on **July 13, 1954**, and that death occurred at **6:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE **W. Slatkoff** (Degree or title) **MD** **23b. ADDRESS** **7124 Natural Bridge** **23c. DATE SIGNED** **7-16-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **July 17, 1954** **24c. NAME OF CEMETERY OR CREMATORY** **New Picker Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JUL 16 1954** **REGISTRAR'S SIGNATURE** **Carl Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **Wacker-Heldner** **ADDRESS** **3634 Gravois Ave.**

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.....
Signature of Student Embalmer

Signed.....

Frank J. [Signature]
Licensed Embalmer No.....
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.