

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39875

State File No. ....

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 2714

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Johns Village 6 wks.</u>	c. LENGTH OF STAY (in this place) <u>6 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Mermac Twp.)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8991 St. Louis Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>17 E. CATAWISSIA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Ann.</u> c. (Last) <u>APKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>MAR. 27, 1875</u>	9. AGE (In years last birthday) <u>79</u> if under 1 year Months <u>-</u> if under 12 mos. Days <u>-</u> if under 24 hrs. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (State or foreign country) <u>CATAWISSIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Derrick McBRARY</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET Noonan</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Apke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ; ADDRESS <u>Cletus Apke Catawissa 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>age</u>		
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 <u>no operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no injury</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 3, 1954, to Nov 22, 1954, that I last saw the deceased alive on Nov 22, 1954, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. S. Honow MD</u>	23b. ADDRESS <u>14903 Delmar Ave</u>	23c. DATE SIGNED <u>Nov 23/54</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rock Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>CATAWISSIA Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/24/54</u>	REGISTRAR'S SIGNATURE <u>Heather K. Tomkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Shieber</u>	ADDRESS <u>Pacific Mo.</u>
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(Licensed Embalmer's Consent 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 *Geo. L. Hughes* .....

Licensed Embalmer No. *3008* .....

P. O. Address *Pacific 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.