

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42144**  
**10803**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri,</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital,</b>				No. STREET ADDRESS (If rural, give location) <b>21 3248 Delor St.,</b>		<b>2219</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b> b. (Middle) <b>W.</b> c. (Last) <b>Apel,</b>			4. DATE OF DEATH <b>November 24, 1954</b>		5. SEX <b>Male.</b> 0		6. COLOR OR RACE <b>White,</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married,</b>		8. DATE OF BIRTH <b>August 24, 1884</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 5 Years,</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Alfred Apel,</b>			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <b>Marie E. Apel,</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>329-10-8147</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie E. Apel, 3248 Delor St.,</b>				
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) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic H. Disease</b> DUE TO (c) _____ 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 <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 <b>Nov 12, 1954</b> , to <b>Nov 24, 1954</b> , that I last saw the deceased alive on <b>Nov 23, 1954</b> and that death occurred at <b>5:10 A.M.</b> , from the causes and on the date stated above.				21g. <b>4200</b>			
23a. SIGNATURE (Degree or title) <b>Jesse Younger MD</b>			23b. ADDRESS <b>110 So. Central</b>		23c. DATE SIGNED <b>Nov 26, 1954</b>				
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Burial</b>		24b. DATE <b>11/29/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS. Peter &amp; Paul Cemetery, St. Louis, Mo.</b>		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. <b>NOV 27 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gabken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>					

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.....  
Signature of Student Embalmer

Signed Loren B. Percy.....

Licensed Embalmer No. 409  
2842 Meram  
P. O. Address St. Louis,

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.