

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10579

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 717

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY OR TOWN <u>Valley Park</u>	
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>425 Meramec Sta. Rd.</u>		e. STREET ADDRESS (If rural, give location) <u>425 Meramec Sta. Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathias</u> b. (Middle) <u>H.</u> c. (Last) <u>Wapelhorst</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 26, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1869</u>	9. AGE (In years last birthday) <u>85</u>	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) <u>retired brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prisco Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Valley Park, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Maximillian Wapelhorst</u>	13b. MOTHER'S MAIDEN NAME <u>Johana Koelsing</u>	14. NAME OF HUSBAND OR WIFE <u>Clara B. Wapelhorst</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 <u>Wilbur Wapelhorst</u>	ADDRESS <u>425 Meramec Sta. Rd.</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo Cardial Failure</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) <u>Arteriosclerotic Vascular Disease</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Infarction</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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?

22. I hereby certify that I attended the deceased from April 23, 1954, to Mar. 26, 1955, that I last saw the deceased alive on Mar 26, 1955, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry F. Scott M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ballwin Mo</u>	23c. DATE SIGNED <u>Mar 28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 29, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/29/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Rombe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u>	ADDRESS <u>Kirkwood 22, Mo.</u>
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(Licensed Embalmer) (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.....
Signature of Student Embalmer

Signed *William H. Johnson*.....

Licensed Embalmer No. *439*.....

P. O. Address *Kukunoo*.....

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.