

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10582

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 724

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Lemay</u>	c. LENGTH OF STAY (in this place) <u>62 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 4870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9638 Joplin St.</u>		d. STREET ADDRESS (If rural, give location) <u>9638 Joplin</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Opal</u>	b. (Middle) <u>----</u>	c. (Last) <u>Apple</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1955</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>Married</u>	8. DATE OF BIRTH <u>November 13, 1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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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>Home</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Brauer</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Fleming</u>	14. NAME OF HUSBAND OR WIFE <u>James P.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James P. Apple</u>	ADDRESS <u>9638 Joplin St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		<u>6 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
DUE TO (c) <u>Cardiac hypertrophy</u>		<u>3 yrs</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	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)
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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?
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22. I hereby certify that I attended the deceased from Jan 10, 1955, to March 28, 1955, that I last saw the deceased alive on Mar 7, 1955, and that death occurred at 5 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Crawford D.O.</u>	23b. ADDRESS <u>9612 S. Broadway</u>	23c. DATE SIGNED <u>3-29-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road Lemay, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-29-55</u>	REGISTRAR'S SIGNATURE <u>Hugh R. Domb, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>	ADDRESS <u>U. & L. Co. 7814 S. Broadway</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lewis C. Hoffmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.