

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018119

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4507

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 2 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Pevely MO.</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Pevely MO.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Rapp</u> Last | | | 4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>DEC. 22. 1877</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>BUTCHER</u> | 9. AGE (last birthday) <u>85</u> |
| 13a. FATHER'S NAME <u>JOHN RAPP</u> | | 13b. MOTHER'S MAIDEN NAME <u>LOUISE MILLER</u> | 11. BIRTHPLACE (City and state or country) <u>PEVELY MO.</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> | | 14. NAME OF HUSBAND OR WIFE <u>MARY MENG RAPP DEC.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 17. INFORMANT <u>JOHN F. RAPP PEVELY MO.</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Viral influenza and viral bronchopneumonia</u> | | 16. SOCIAL SECURITY NO. <u>6282</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4200</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>Mar 15 1963</u> , to <u>Apr 23, 1963</u> and last saw ^{her} him alive on <u>Apr 23, 1963</u> Death occurred at <u>7:50 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Edward W. Czuchra MD</u> | | 22b. ADDRESS <u>3701 E. Grand St</u> | |
| 22c. DATE SIGNED <u>4/24/63</u> | | 23. LOCATION (City, town, or county) <u>Pevely Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 23b. DATE <u>APRIL 23 63</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u> | | 23d. LOCATION (City, town, or county) <u>Pevely Mo</u> | |
| 24. FUNERAL DIRECTOR <u>Heiligtag Funeral Home Imperial Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>APR 24 1963</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Frank Smith. M.D.</u> | | | |

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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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edmes Keilstra

Licensed Embalmer No. 3571

P. O. Address

Imperial 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.