

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAR 24 1934

PLACE OF DEATH

County.....
 Township.....
 City.....

Registration District No. **791**
 Primary Registration District No. **1003**
 (No. *De Paul Hospital*)

File No. **6994**
 Registered No. **1872**
 St. Ward)

2. FULL NAME

Gen. R. Mappes
 (a) Residence, No. *2601 N. 110th* St., *26* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 25 1865*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<i>68</i>	<i>1</i>	<i>25</i>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Clerk*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Board of Education*
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

FATHER
 13. NAME *Conrad Mappes*
 14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME *Mary Magdalene*
 16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT *H. F. Fahrenkrug* (ADDRESS) *4550 Adelaide*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Calvary Cem.* DATE *Feb. 23 1934*

19. UNDERTAKER *Anderson Funeral Home* (ADDRESS) *1936 St. Louis Ave.*

20. FILED **FEB 22 1934** *J. S. Bredeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 15th*, 19*34*, to *Feb. 20*, 19*34*.
 I last saw him alive on *Feb. 20th*, 19*34*. Death is said to have occurred on the date stated above, at *12:30 p.m.*
 The principal cause of death and related causes of importance were as follows:

<i>Pneumonia, Lobar (R) lower</i>	Date of onset <i>7/15/31</i>
<i>General Ataxic Dementia</i>	<i>1929</i>
<i>Chronic Myocarditis</i>	<i>1929</i>

Other contributory causes of importance:
General Ataxic Dementia
Chronic Myocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis? *Clinical history* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....
 (Signed) *Thomas Taylor*, M. D.
 (Address) *2243 N. Grand*