

JAN 24 1935

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

Do not use this space.

44596

1. PLACE OF DEATH

County..... Registration District No. 781
Township..... Primary Registration District No. 1008
City St. Louis (No. 5242, St. Louis Ave) St. 6 Ward. (If nonresident, give city or town and State)
Registered No. 11701

2. FULL NAME

Henry F. Deppe
(a) Residence, No. 5242 St. Louis Ave St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle (Bede) Deppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 - 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cloth shipping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Breder Cann. Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Henry Deppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Wankmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Gertrude Deppe
5242 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmey DATE Dec 12 1934

19. UNDERTAKER (ADDRESS) W. Bredeck
474 1/2 W. Washington Ave
J. F. Bredeck

20. FILED 11 14 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 31 1931, to Dec 9 1934

I last saw him alive on Dec 9 1934 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset not known

Other contributory causes of importance: not known

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy 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? ?

If so, specify _____ (Signed) J. J. Donagan M. D.

(Address) 4417 Grand Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

9-10-1977
L. H. P. ...