

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space. ✓

MAY 27 1936

1. PLACE OF DEATH
 County St. Louis Registration District No. 790 File No. 16807
 Township _____ Primary Registration District No. 10923A Registered No. 139
 City Clayton (No. St. Louis County Hospital St. _____ Ward _____)

2. FULL NAME Albert Depp
 (a) Residence, No. 7324 Maudslayi Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Depp - Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>64</u>	<u>1</u>	<u>13</u>		

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1936, to 4-8, 1936
 I last saw him alive on 4/7, 1936 Death is said to have occurred on the date stated above, at 1409 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis?
 Date of onset 4/5/36

Other contributory causes of importance:
AS

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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. H. Long, M. D.
 (Address) St. Louis Co. Hospital Clayton Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Reva Santy Hospital Record 4166 Lindell

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jerseyville Ill DATE 4-11-36 1936

19. UNDERTAKER (ADDRESS) Albert W. Hopp & Son 429 N. Grand

20. FILED 4/10 1936 Dr. J. Squarles Registrar.

