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RECD AUG 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23205

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5650

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Mos. 21 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 26
(If outside city or town limits write "RURAL")

(d) Street No. 1412 Monroe St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertrude Deppe 167

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Adam Deppe Deceased

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 18th 1852 (Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)

10. Usual occupation At Home

11. Industry or business 6

FATHER
12. Name Anton Niedick
13. Birthplace Germany (City, town, or county) 6 (State or foreign country)

MOTHER
14. Maiden name Anna Heitmann
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Hackenswert
(b) Address 5093 North Union Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) JUL 2 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30. year 1940 hour 3:05 minute A. M.

21. I hereby certify that I attended the deceased from December 19. 1939 to June 30. 1940 that I last saw her alive on June 30. 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	year
Due to arteriosclerosis	year
Due to	
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	year

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W Ford (M. D. or other)
Address 1515 Lafayette. Date signed 7/1/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2265

P. O. Address.....

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, above space should be left blank.