

3. No. 2  
-11-10-39  
5-17-39  
-P1 X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31959

FILED OCT 18 1940

Registration District No. 27

Primary Registration District No. 3016

Registrar's No. 817

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

1. PLACE OF DEATH

(a) County Franklin  
(b) City or town Washington  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNE DEPPERMAN.

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex FEMALE  
5. Color or race W.  
6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Jan 1 1889 (Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 10  
If less than one day hr. min.

9. Birthplace New Haven MO (City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business

12. Name Fretz Deppermann

13. Birthplace New Haven MO (City, town, or county) (State or foreign country)

14. Maiden name Mary Schen

15. Birthplace New Haven MO (City, town, or county) (State or foreign country)

16. (a) Informant Emma Deppermann

(b) Address St. Louis MO

17. (a) Burial (b) Date thereof 9-19-40 (Month) (Day) (Year)

(c) Place: burial or cremation Rest Haven, Mo

18. (a) Signature of funeral director E. C. Hertgen

(b) Address New Haven Mo

19. (a) Sept. 17-1940 (Date received local registrar)  
(b) (Registrar's signature) H. A. May

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Washington  
(d) Street No. Eighth St (If rural, give location)  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from March 1 1940 to Sept 16 1940 that I last saw her alive on Sept 16 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Transverse Myelitis

Due to Myelitis

Due to

Other conditions (Include pregnancy within 3 months of death) D.I.

Major findings: Of operations

Of autopsy

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?

270 (Specify type of place) While at work (e) Means of injury

23. Signature (Signature) M.D. (Signature)

Address Washington MO Date signed 9-17-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 me.

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl Hesteg  
Licensed Embalmer No. 3385  
P. O. Address New Haven Ct

**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.**