

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

Do not use this space.

10639

1. PLACE OF DEATH

County St. Louis

Registration District No. 304

File No. 37

Township Richland

Primary Registration District No. 5421

Registered No. 68

City St. Louis

(No. 1)

St. 1 Ward 0

2. FULL NAME

Lena Deppe

(a) Residence, No. 10

St. 1 Ward 0

(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

Female

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

Fritz Deppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 17 - 1872

7. AGE

YEARS 69

MONTHS 6

DAYS 8

If LESS than 1 day, hrs. min.

OCCUPATION

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

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

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)

Callaway County Missouri

13. NAME

William Hans

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

Germany

15. MAIDEN NAME

Eustude Van Stett

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

Germany

17. INFORMANT (ADDRESS)

Ben Deppe

18. BURIAL, CREMATION, OR REMOVAL

PLACE Perishing

DATE 3-30th 1941

19. UNDERTAKER (ADDRESS)

Arnold Hummel

20. FILED

Apr 2 1941

F. L. Kicker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1941

I HEREBY CERTIFY That I attended deceased from Mar 1 1941 to Mar 27 1941

I last saw her alive on Mar 27 1941 Death is said

to have occurred on the date stated above, at 5 a. m.

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

Acute dilatation of heart Date of onset 3 weeks

Chronic Hypertension 2 1/2 years

Other contributory causes of importance: 17th 2 years

Name of operation Tomy Date of Mar 27 1941

What test confirmed diagnosis Physical 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, 1941

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

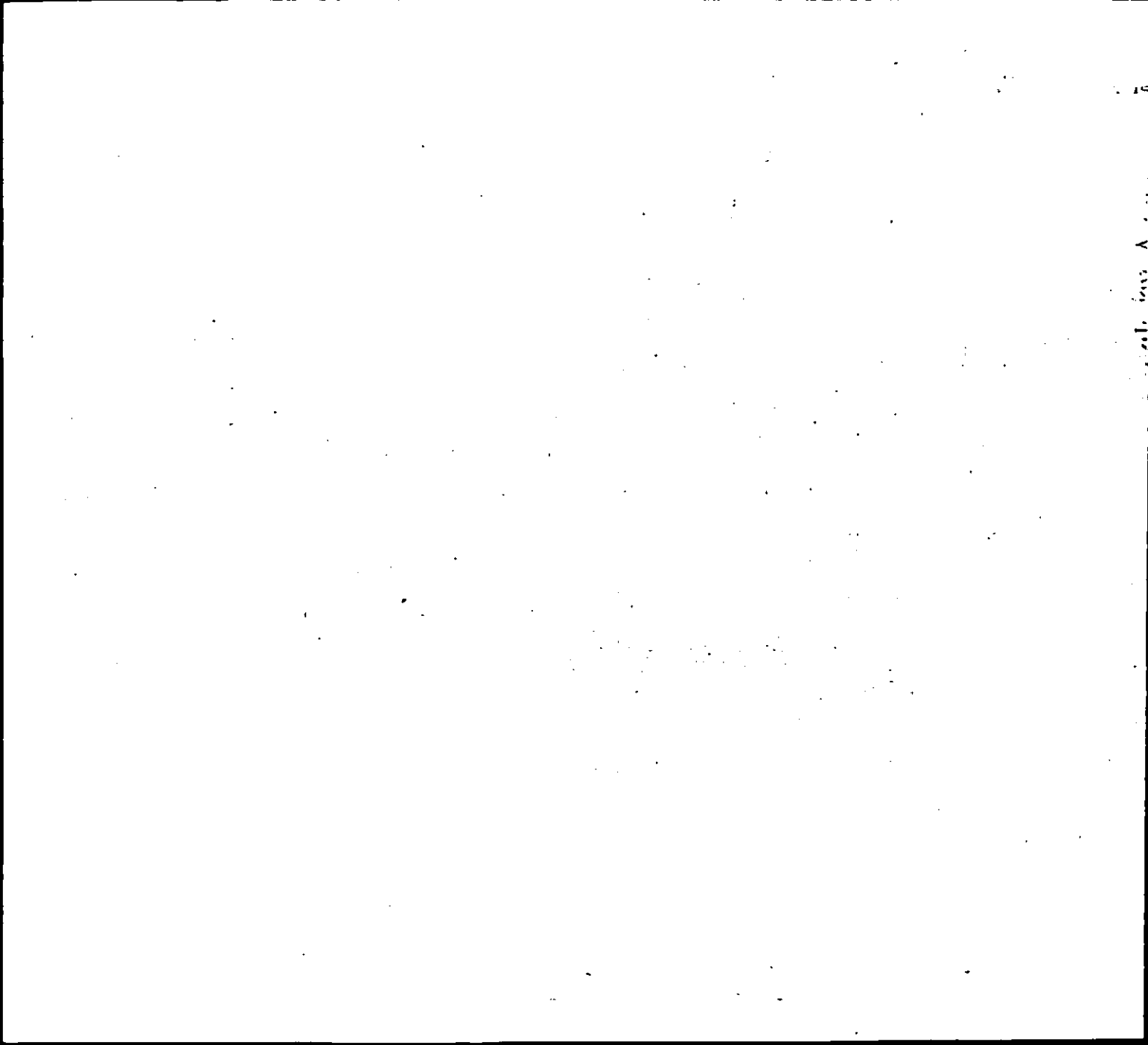
24. Was disease or injury in any way related to occupation of deceased None

If so, specify

(Signed) Dr. William M. D.

(Address) St. Louis Mo.

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.



DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10639

Registration District No. 304

Primary Registration District No. 5421

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Richland T.P.
(If outside city or town limits, write "RURAL" and name of township)
(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. (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Lena Deppe

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

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 6 8 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

- (b) Address _____

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) April 2-41 (b) F. E. Kicker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? USA (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (c) Means of injury _____

23. Signature J. G. Williamson (M. D. or other) _____

Address Lincoln Mo Date signed _____

1941
S-10639

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.....

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, fact should be so stated above.