

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14287

State File No.

Registrar's No. 218

FILED MAY 20 1942 303

Registration District No.

Primary Registration District No. 5420

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Workman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME SAMUEL HENRY DEPPE

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 25, 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Herman Deppe

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

14. Maiden name Marinda Balk

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

16. (a) Informant Mrs. Sam Deppe

(b) Address Morrison, Mo RFD

17. (a) Burial (b) Date thereof 4 5 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericksburg Ev. Cem.

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Mo

19. (a) April 3-42 (b) A. H. Siedler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Morrison, Mo RFD
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1942 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from 11-1-
1941, to 4-1- 1942
that I last saw him alive on 4-1- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of
(metastases)

Due to Sarcoma of lung

Due to Original Seat of disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

478

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? (a) Means of injury D

23. Signature Edward Workman (M. D. or other)

Address Hermann Date signed 4-2-42

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. 3160

P. O. Address Hermann, Mo

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.