

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1691

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1342 Milford Avenue.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1342 Milford Avenue.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry Bodo Deppe

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Deppe 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased February 2, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23, 1943
year 8 hour 05 minute A M.

21. I hereby certify that I attended the deceased from Sept. 6, 1942 to July 22, 1943
that I last saw him alive on July 22, 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

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

Immediate cause of death Heart Attack

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name Adolph Deppe

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

{ 14. Maiden name Katherine Beikenschmidt

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

16. (a) Informant Mrs. Elsie Deppe

(b) Address 1342 Milford Avenue.

17. (a) Burial (b) Date thereof July 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) JUL 24 1943 (b) H. McLarriff
(Date received by local registrar) (Registrar's signature)

Major findings: None

Of operations: _____

Of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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)

(e) Means of injury _____

23. Signature James J. Kelly (M.D. or other) MD

Address 1425 Barton Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

J. Allen Davis Jr

Licensed Embalmer No.....

4053

P. O. Address.....

City

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.