

40377

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED JAN 3 1944

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 11507

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(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:
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether in this community Always years, months or days)

3. (a) PRINT FULL NAME

John August Repp

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb 22 1869

(Month)

(Day)

(Year)

8. AGE:

Years 74

Months 9

Days 28

If less than one day

hr. min.

9. Birthplace Columbia Ill

(City, town, or county)

(State or foreign country)

10. Usual occupation Retired Barber

11. Industry or business

12. Name Repp

13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace France

(City, town, or county)

(State or foreign country)

16. (a) Informant Elizabeth Repp

(b) Address 4715 Sacramento

17. (a) Buried

(Burial, cremation, or removal)

(b) Date thereof 12-22-43

(Month) (Day) (Year)

(c) Place: burial or cremation St Peter + Paul Cem

18. (a) Signature of funeral director Bernard Maloux

(b) Address 1431 North Union

19. (a) DEC 21 1943

(Date received local registrar)

(b) J F Bredeck

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4715 Sacramento
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1943 hour 4:05 minute 9 M.

21. I hereby certify that I attended the deceased from December 19
1943, to December 20, 1943;

that I last saw him alive on December 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Senile psychosis

Duration

Due to

General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Refused

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)

(e) Means of injury Car

23. Signature Frank Steinberg

(M. D. or other) MD

Address 1515 Lafayette Ave. P.O. Date signed 12/29/43

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address St. Louis, 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.