

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

2
-43
-39
138671

FILED MAY 15 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 4298

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4319 Michigan Av.
(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)

3. (a) PRINT FULL NAME Adolph Depke

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 Constance 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased May 10, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 11 28 hr. min.

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

10. Usual occupation Tailor, Retired 11yrs.

11. Industry or business

12. Name Don't Know
 13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know
 15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Depke
 (b) Address 4319 Michigan Av.

17. (a) Burial (b) Date thereof 5/11/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director John Benj Montuano
 (b) Address 2842 Meramec St.

19. (a) MAY 9 1944 (b) J. F. Brudeck
(Date received local registrar) (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. 4319 Michigan Av.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th
 year 1944 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 8, 1944
 that I last saw him alive on 5/8/44, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction

Due to Progressive Enteral degeneration

Due to 95-c-4

Other conditions 95-c-4
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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.....

23. Signature Dr. Leo P. Young (M. D. or other) D
 Address 2621 S. Jefferson Date signed 5/9/44

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.....

John D. Harris....., Registered Apprentice No. *363*
working under my personal supervision.

Signed.....
John Ketter
Licensed Embalmer No. *3880*
P. O. Address. *4355 Washington Av./*
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.