S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39691

FILED JAN 11 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11442

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3318 Illinois Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. Louis
(If outside city or town limits, write "RURAL") 24

(d) Street No. 3318 ILLINOWS
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Repking

3. (b) If veteran, name war

3. (c) Social Security No. 493-03-2575

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 13 (Day) 1870 (Year)

8. AGE: Years 75 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation Retired Doctors, Attendent

11. Industry or business H.E. Lehde Co. - 8 S. Broadway

FATHER
12. Name Henry Repking
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bernadine Honemeyer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Repking
(b) Address 3318 ILLINOIS Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/45 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter & Paul Cem.

18. (a) Signature of funeral director John H. Gebken Sons
(b) Address 2630 Gravois Ave.

19. (a) DEC 27 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th year 1945 hour 11,15 minute P M.

21. I hereby certify that I attended the deceased from Dec 23 1945 to Dec 25 1945 that I last saw her alive on Dec 25 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma	1 day
Due to: Diabetes	10 yrs
Due to	
Other conditions: Acute La Grippe (Include pregnancy within 3 months of death)	3 days

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Roland A. Koch MD (M. D. or other)
Address 3430 California Ave Date Dec 26, 1945

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. Gehen

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.