

FILED MAR 7 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1955

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: 1529 N. 8th St.
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 1529 N. 8th St.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Bepple
(b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month Feb. day 12th
year 1946 hour 2 minute PM

4. Mar 0 5. Widow 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive abt=1881

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
8. AGE: Years abt 61 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
Due to Decompensated
Due to Chronic Interstitial Nephritis

9. Birthplace unk (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Laborer
11. Industry or business unk

Other conditions: (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name unk
13. Birthplace unk (City, town, or county) _____ (State or foreign country)
14. Maiden name unk
15. Birthplace unk (City, town, or county) _____ (State or foreign country)

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? _____

16. (a) Informant Thos. T. Callahan
(b) Address 1200 Clark St.
17. (a) Anatomical Board (b) Date thereof 2-21-46
(c) Place: burial or cremation _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) FEB 27 1946 (b) [Signature] Registrar's signature

23. Signature [Signature] (M. D. or other) _____
Date signed 2/18/46

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

6190

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.....

P. O. Address.....

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.