

FILED APR 5 1946 STANDARD CERTIFICATE OF DEATH

State File No.

2862

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County...
(b) City or town... ST LOUIS MISSOURI
(c) Name of hospital or institution:
3740 SOUTH BROADWAY /
(d) Length of stay: In hospital or institution.
In this community...

2. USUAL RESIDENCE OF DECEASED:

(a) State... MISSOURI (b) County...
(c) City or town... ST LOUIS
(d) Street No... 3740 SOUTH BROADWAY
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRED WILLIAM Deppe

3. (b) If veteran, name war No. 30
3. (c) Social Security No. 2222

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased. Apr 1865

8. AGE: Years Months Days If less than one day
Apr 81 hr. min.

9. Birthplace FREEBURG ILLINOIS /

10. Usual occupation no occupation

11. Industry or business

MOTHER FATHER {
12. Name...
13. Birthplace...
14. Maiden name...
15. Birthplace...
16. (a) Informant John Bishop
(b) Address 3240 So. Bway

17. (a) Burial (b) Date thereof 3/26/46
(c) Place: burial or cremation Pacific Sp...
18. (a) Signature of funeral director Mrs. J. J. Bishop
(b) Address Pacific Mo
19. (a) MAR 27 1946 (Date received at Registrar's)
(b) J. F. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23
year 1946 hour 5:00 minute 52 P.M.

21. I hereby certify that I attended the deceased from...
that I last saw h... alive on... and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis

Due to...
Due to...
Other conditions...
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(6) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 3/25/46

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

9965

2982

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.....

was not embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Geo. L. Sheehan*

Licensed Embalmer No. *3028*

P. O. Address *Pacific, 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.