S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2402

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 624

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: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, Mo.
(c) City or town Manchester, (If outside city or town limits, write "RURAL")
(d) Street No. Highway #50. (If rural, give location) NR.
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary A. Dependahl,
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Dependahl,
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 30, (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
71	1	13	hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own home
FATHER 12. Name Henry Hanhart
13. Birthplace Germany (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Maria C. Hanrath,
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Howard Dependahl,
(b) Address Manchester, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 47, (Month) (Day) (Year)
(c) Place: burial or cremation St. John Cem. Manchester, Mo.
18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.
19. (a) JAN 20 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13 year 1947 hour 12 minute 50 P. M.
21. I hereby certify that I attended the deceased from Jan 8, 1947, to Jan 13, 1947, that I last saw her alive on Jan 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocardial Failure	
Due to: Arteriosclerotic Heart disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fracture, Supracondylar, simple, comminuted Rt Femur.	

Major findings:
Of operations above
Of autopsy None

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) Accident
(b) Date of occurrence January 8, 1947
(c) Where did injury occur? Yard at her home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. See Above (Specify type of place)
While at work? (e) Means of injury Fall on ice
23. Signature John R. Schwentmann (M. D. or other) Mo.
Address 204 Humboldt Bldg Date signed 1-15-47

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1949 JUN 1 1949

624

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

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.