

No. 300  
10. 48.

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28132  
7580

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (in this place) <b>8 yrs. 5 mos. 21 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2239</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CITY INFIRMARY HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>1520 MENARD STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) _____ c. (Last) <b>DEPENBROCK</b>		4. DATE OF DEATH (Month) <b>9</b> (Day) <b>1950</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>FEB. 6 - 1880</b>		9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RESCHBACH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY VALINTEEN</b>		14. NAME OF HUSBAND OR WIFE <b>FRED</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>L. H. ESSELMANN, 4159 JUNIATA</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Vascular Accident</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <b>Pyelonephritis</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? <b>Lead</b>	
21e. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>Feb. 16</b> , 19 <b>50</b> , to <b>Sep. 6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Sep. 6</b> , 19 <b>50</b> , and that death occurred at <b>2 AM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>George M. Janak, M.D.</b>				23b. ADDRESS <b>City Infirmary</b>		23c. DATE SIGNED <b>9-8-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS</b>	
DATE REC'D BY LOCAL REG. <b>SEP 7 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>MCLAUGHLIN FUNERAL HOME</b>			
				ADDRESS <b>2301 LAFAYETTE</b>			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*James R. Chapman*  
Licensed Embalmer No. 4550  
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.**