

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17982

FILED JUN 5 1951

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State File No. 17982

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>4660</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		<u>2179</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>				STREET ADDRESS (If rural, give location) <u>4265 Cleveland Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARTHA</u>		b. (Middle) <u>A.</u>		c. (Last) <u>DEPPE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 17, 1914</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 HR. Hours _____	Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fashion Director-Stix Baer & Fuller</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Freeburg, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Emil J. Herter</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kebel</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Deppe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. H. Herter</u> ADDRESS <u>Web. Gr. Mo. 311 W. Glendale</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, metastatic, from ovary.</u> ANTECEDENT CAUSES <u>Carcinoma of ovary.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>	
19a. DATE OF OPERATION <u>Dec. '48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dec, 1948 - Carcinoma of ovary</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>175X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 20, 1950</u> , to <u>May 18, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>4:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Anthony P. Taylor</u>		(Degree or title) _____		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>5-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>		24b. DATE <u>5-21-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mascoutah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mascoutah, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 18 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

me

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.....

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No..... *4007*

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.