

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3011**  
Registrar's No. **0044**

FILED JAN 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			
c. LENGTH OF STAY (in this place) <b>4 day</b>				d. STREET ADDRESS (If rural, give location) <b>5242 St. Louis Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>				e. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>			b. (Middle) <b>A</b>		c. (Last) <b>DEPPE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Nov. 12, 1898</b>		9. AGE (In years last birthday) <b>54</b> If UNDER 1 YEAR Months <b>1</b> Days <b>20</b> If UNDER 1 Mth. Hours Mths.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Checker Food Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Deppe</b>			13b. MOTHER'S MAIDEN NAME <b>Gertrude Bode</b>			14. NAME OF HUSBAND OR WIFE <b>Single</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.		17. INFORMANT'S SIGNATURE OR NAME <b>5242 ADDRESS Mrs. Gertrude Deppe St. Louis</b>		
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) <b>Congestive Heart Failure</b> ANTECEDENT CAUSES <b>Rheumatic Heart Disease</b> 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.			
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. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>416X</b>			
22. I hereby certify that I attended the deceased from <b>11/24</b> 19 <b>45</b> , to <b>1/2</b> 19 <b>53</b> , that I last saw the deceased alive on <b>1/2</b> 19 <b>53</b> , and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard J. McEllan</b> (Degree or title)				23b. ADDRESS <b>4539 N. Grand</b>		23c. DATE SIGNED <b>1/3/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan 5, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 5 1953</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>4746 ADDRESS Broomschwig and Son W Florissant</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

1569  
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*Indebted*

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 .....  
Student Embalmer

Signed

*Paul J. Farmer*

Licensed Embalmer No. *4788*

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.