

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29894

State File No.

FILED AUG 20 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7342

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp		e. STREET ADDRESS (If rural, give location) 6 4945 St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) W c. (Last) Deppe		4. DATE OF DEATH (Month) (Day) (Year) July 26 1953	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 24 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber	9. AGE (In years last birthday) 71
11a. FATHER'S NAME Adolph Deppe		11b. MOTHER'S MAIDEN NAME Unknown	11. BIRTHPLACE (City and State or Foreign Country) Germany 4
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Lottie Deppe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie Deppe 4945 St. Louis
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) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Hypertension; essential years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 14, 1953, to July 26, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 3:55P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Birdie Edie M.W.		23b. ADDRESS 508 N. Grand.	23c. DATE SIGNED July 26 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 29 53	24c. NAME OF CEMETERY OR CREMATORY Zion	24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo
DATE REC'D BY LOCAL REG. JUL 29 1953		REGISTRAR'S SIGNATURE J. Paul Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schnur 3125 Lafayette Ave

WRITE PLAINLY—USING UNFADING 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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4014
P. O. Address 3125 Dupont

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.