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FILED DEC 4 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

40357

State File No. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 11024

**1. PLACE OF DEATH**
a. COUNTY: 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~XX~~ ST. LOUIS
c. LENGTH OF STAY (In this place): ~~XXX~~ 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. ANTHONY HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: 2239
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 0
d. STREET ADDRESS (If rural, give location): 23 2506a S. 10th STREET

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle): ***
c. (Last): DEPKE

**4. DATE OF DEATH** (Month) (Day) (Year): NOV. 20, 1953

**5. SEX**: 1 FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): NEVER MARRIED 0
**8. DATE OF BIRTH**: NOV. 19, 1953
**9. AGE** (In years last birthday): If under 1 year: Months / Days: 1 / If under 1 day: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): NIL
**10b. KIND OF BUSINESS OR INDUSTRY**: NIL
**11. BIRTHPLACE** (City and State or Foreign Country): ST. LOUIS, MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: EDWIN DEPKE
**13b. MOTHER'S MAIDEN NAME**: FLORENCE BOCHANTINE
**14. NAME OF HUSBAND OR WIFE**: NONE
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service): NONE
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: EDWIN DEPKE 2506a S. 10th STREET ST. LOUI

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme prematurity.
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (23 wks. gestation.)
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

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: none
**20. AUTOPSY?** YES ☐ NO ☐
**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify): none
**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 776X

22. *I hereby certify that I attended the deceased from* 11/19, 1953, *to* 11/20, 1953, *that I last saw the deceased alive on* 11/19, 1953, *and that death occurred at* 4 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Wm. J. Wolfram MD (Degree or title) 0
**23b. ADDRESS**: 3804 Wilmington Ave
**23c. DATE SIGNED**: 11/20/53.
**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: NOV. 21, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: MT. OLIVE CEMETERY
**24d. LOCATION** (City, town, or county) (State): LEMAY & MT. OLIVE ROADS
**DATE REC'D BY LOCAL REG.**: NOV 20 1953
**REGISTRAR'S SIGNATURE**: J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: C. HOFFMEISTER U. & L. CO. 7814 SO. BROADWAY ST. LOUIS, MO.
MSB
(Licensed Embalmer's Statement on Reverse Side)

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 _____
Student Embalmer

Signed Harry J. Schoenacke

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.