.300
.48

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

FILED APR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15014

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 982

1. PLACE OF DEATH

a. COUNTY: St Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton

c. LENGTH OF STAY (In this place): 1 Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Louis County Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St Louis

c. CITY OR TOWN: Overland 423X

d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]

e. STREET ADDRESS (If rural, give location): 10426 Niblic Drive

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) c. (Last) Depperman

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 4, 1862

9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired): Miner.

10b. KIND OF BUSINESS OR INDUSTRY: Clay Mines

11. BIRTHPLACE (City and State or Foreign Country): Port Hudson Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Mary A Depperman Dec

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Lydia Ferris 10426 Niblic Dr — ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

491X

20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1956 *to* 4-14, 1956, *that I last saw the deceased alive on* 4-14, 1956, *and that death occurred at* 5:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph C. Ernst M.D.

23b. ADDRESS: 601 S. Brentwood, Clayton, Mo

23c. DATE SIGNED: 4-16-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-17-1956

24c. NAME OF CEMETERY OR CREMATORY: Rosebud Cem

24d. LOCATION (City, town, or county) (State): Rosebud Mo.

DATE REC'D BY LOCAL REG.: 4-16-56

REGISTRAR'S SIGNATURE: Herbert R. Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros Inc — ADDRESS: 2504 Woodson Rd Overland.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David C. Gebs

Licensed Embalmer No. B

P. O. Address Overl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.