

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6120

FILED FEB 21 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **518**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Kirkwood	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 11 Windsor Lane	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) HENRY c. (Last) DEPPE		4. DATE OF DEATH (Month) (Day) (Year) Jan. 17 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 29 1888
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR 4 MONTHS	IF UNDER 24 HRS. 18 HOURS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor		10b. KIND OF BUSINESS OR INDUSTRY Medical	11. BIRTHPLACE (City and State or Foreign Country) / Beardstown Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Deppe	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Alice Dudeck Dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 1		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Oscar Habenicht ADDRESS 801 Title Gauranty Bldg
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) Cardiac Auricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES		Small Bowel Obstruction (acute) 5 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma of Cecum 6 wks	
		DUE TO (c) Cardio-Renal-Vascular Disease 5 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Diabetes Mellitus 5 years	
Conditions contributing to the death but not related to the disease or condition causing death.		Arterial Sclerotic Heart Disease 5 years	
Parkinsonian Syndrome 8 years			
19a. DATE OF OPERATION 1-14-57	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Cecum with Small Bowel Obstruction		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) 153x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from January 14, 1957 to 1/17/57 , 19 57 , that I last saw the deceased alive on 1/17/57 , 19 57 , and that death occurred at 5 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. H. Norton (Degree or title) M.D.		23b. ADDRESS 634 N. Grand Ave.	23c. DATE SIGNED 1/17/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/18/57	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
DATE REC'D BY LOCAL REG. JAN 17 '57	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary ADDRESS 6633 Clayton Road	

(Licensed Embalmer's Statement on Reverse Side)

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

USED 8-1-1957

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 *Led J. Lerner*.....

Licensed Embalmer No. *4788*.....

P. O. Address *St. Louis*.....

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.