THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6121
STATE FILE NUMBER

FILED FEB 25 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 863

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 09 DePaul Hospital — Length of stay in 1b 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 20 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 4510 Claxton Ave. 2076 — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First WILLIAM Middle D. Last DEPPEN

4. DATE OF DEATH Month Jan. Day 26 Year 1957

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH Oct. 6, 1878
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 3 Days 20 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book keeper
10b. KIND OF BUSINESS OR INDUSTRY Mercantile Trust Co.
11. BIRTHPLACE (City and state or country) Louisville, Ky. 1
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Dominic Deppen
14. MOTHER'S MAIDEN NAME Fredrika Hummel
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-14-5108
17. INFORMANT Oliver Deppen Address 9249 Shady Dale

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 7 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.0
19. WAS AUTOPSY PERFORMED? 0 YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-22-50 to 1-26-57 and last saw her/him alive on 1-26-57
Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas. Johnson M.D. (Degree or title) 0
22b. ADDRESS 6000 W. Florissant
22c. DATE SIGNED 1-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Jan. 29 1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Missouri (State)

24. FUNERAL DIRECTOR Bromschwig and Son/ W. Florissant ADDRESS 4746
25. DATE REC'D BY LOCAL REG. JAN 28 '57
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Stanley H. Sifo

Licensed Embalmer No. 4

P. O. Address St. L

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.