

No. 300
10. 48

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30431

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1919

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Overland</u> <u>423X</u>	
c. LENGTH OF STAY (in this place) <u>15</u> days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			
e. STREET ADDRESS (If rural, give location) <u>9210-Delphine Avenue</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Herman</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Hepe</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED SEPARATED <u>Married</u>	8. DATE OF BIRTH <u>Jan. 6, 1880</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (the kind of work done during most of working life, even if retired) <u>Body Workman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Motors</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jersey City, N.J.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Theodore Hepe</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary L. Hepe</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>493-10-0466</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary L. Hepe</u>	ADDRESS <u>9210-Delphine Avenue</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u> <u>2 wks.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Don't know</u> <u>Don't know</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Insufficiency</u>		
	DUE TO (c) <u>Chronic Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus ulcers, benign prostatic hypertrophy</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 16, 1957, to Aug. 1st, 1957, that I last saw the deceased alive on Aug. 1st, 1957, and that death occurred at 5:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph W. Laffey R.C.</u> (Degree or title)	23b. ADDRESS <u>Box 122 Manchester,</u>	23c. DATE SIGNED <u>8/2/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Ann Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/2/57</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombek</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Lawrence B. Butler, Jr.</u>	ADDRESS <u>2504-Woodson Rd-Overland-11-Mo.</u>
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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 *Loren C. Percy*.....

Licensed Embalmer No. *84*.....

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.