

DATE AMENDED

INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

Registration District No. 318
 FILED MAY 19 1961

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *ST. Louis*
 Length of stay in 1b.
 c. CITY OR TOWN *Mehlville*
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE *Missouri* b. COUNTY *ST. Louis*
 d. STREET ADDRESS (If outside, give location) *Box 538 P. Christopher Dr.*
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First *William* Middle *H.* Last *Lepp Sr.*
 4. DATE OF DEATH *May 15 1961*

5. SEX *Male* 6. COLOR OR RACE *White* 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH *Nov. 12, 1913* 9. AGE (last birthday) *47*
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Assembler*
 10b. KIND OF BUSINESS OR INDUSTRY *George P. Dorris Co.* 11. BIRTHPLACE (City and state or country) *Missouri*
 12. CITIZEN OF WHAT COUNTRY *U. S. A.*

13a. FATHER'S NAME *Perry W. Lepp* 13b. MOTHER'S MAIDEN NAME *Myrthe Henzley* 14. NAME OF HUSBAND OR WIFE *Minnie Lepp*
 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. 17. INFORMANT *Minnie Lepp Box 538 P. Christopher Dr.*
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) *Acute Coronary Thrombosis*
 (b) *Coronary Heart Disease*
 (c) *420.1*
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH *5 days*
several years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) *Diabetes Mellitus*
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year
 a.m. p.m.

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 *May 12, 1961* to *May 15, 1961* and last saw him alive on *May 15, 1961*
 Death occurred at *9:10 AM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *[Signature]* (Degree or title) 22b. ADDRESS *3606 Otis Ave* 22c. DATE SIGNED *5/15/61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 23b. DATE *May 18, 1961* 23c. NAME OF CEMETERY OR CREMATORY *Park Lawn Cemetery* 23d. LOCATION (City, town, or county) (State) *ST. Louis, Co., Mo.*

24. FUNERAL DIRECTOR *Witt Bros. S. & U. G. 2929 S. Bell* ADDRESS 25. DATE RECD. BY LOCAL REG. *MAY 16 1961* 26. REGISTRAR'S SIGNATURE *Loan Smith, M.D.*

BY AFFIDAVIT OF

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 J. W. D. Embler

Licensed Embalmer No. 365B

P. O. Address J. W. Embler

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.