

8 1939

REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30227
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Jefferson Primary Registration District No. 111 Registered No. 1415
(c) City Richmond Heights (d) Street No. St. Marys Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Dependahl

(a) Residence, No. 3535a Cherokee St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Dependahl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 10 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

FATHER 13. NAME John Maisel

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER 15. MAIDEN NAME Elizabeth Ruloff

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT Casper S. Yost Jr.
(ADDRESS) 7398 Norwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE 8/9/1939 19

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
(ADDRESS) Clayton Road at Concordia Lane

20. FILE AUG 8 1939 JR Meyer M.D. P.A.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from July 25 1939, to Aug 7 1939.
I last saw h. or alive on Aug 6 1939. Death is said to have occurred on the date stated above, at 6:35a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema
Uremia
33a

Date of onset
8-6
8-4

Other contributory causes of importance
Rh. dysfunction - untreated, high?
Exp. Rh. dysfunction

Name of operation Rh. dysfunction Date of 8-2-39
What test confirmed diagnosis of Rh. dysfunction Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Alvin E. Voth M. D.
(Address) Missouri Theatre Bldg.

Exact statement of OCCUPATION is very important. Success of burial in plain terms, so that it may be properly classified.

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.....

Edward J. Bookhorn

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Edward J. Bookhorn

Licensed Embalmer No. 2502

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.