

FILED FEB 24 1942 791

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)
In this community 23 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4205 John Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dora Reppeg
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd
year 1942 hour 4:45 PM minute _____ M. _____

21. I hereby certify that I attended the deceased from Oct 1 1941 to Jan 2 1942
that I last saw her alive on Jan 2 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Gerhardt Reppeg 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased March 25, 1856
(Month) (Day) (Year)

Immediate cause of death metastatic carcinoma
breast Gall
Due to carcinoma of bladder

Duration
2 day
1 yr

8. AGE: Years Months Days If less than one day
85 9 7 hr. _____ min. _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) HOB

9. Birthplace Quincy Illinois
(City, town, or county) (State or foreign country)

Major findings: Cysticoperis
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation At home
11. Industry or business _____
12. Name Felix Ruetlinger
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant William Reppeg
(b) Address 4205 John Ave
17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Mahn Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JAN 5 1942 (b) J. T. Bredek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Arthur Gundlach (M. D. or other) MD
Address 2102 University Date signed 4/8/42

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

100
17
9

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.....

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

working under my personal supervision.

Signed

Leonard Hampton

Licensed Embalmer No.

2907

P. O. Address

St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.