

FILED MAY 29 1945

Registration District No. 3/18

Primary Registration District No. 11-4-3

Registrar's No. 4229

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution De Paul
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs.
(Specify whether years, months or days)

In this community 46 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3030 N. Whittier
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William L. DePrender

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1945 hour 2:30 AM minute _____ M.

3. (b) If veteran, name war no

3. (c) Social Security No. 492-05-1552

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced divorced

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 44 years

Duration _____

Other conditions _____

7. Birth date of deceased Dec. 8, 1898
(Month) (Day) (Year)

Other conditions _____

8. AGE: Years 46 Months 5 Days 2
If less than one day hr. min.

Due to Chronic Asthma

Due to Aortic Stenosis

9. Birthplace St. Louis
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Chauffeur

Other conditions _____

11. Industry or business Hamilton Printing

Other conditions _____

12. Name Willis DePrender

Major findings: _____

13. Birthplace St. Louis
(City, town, or county) (State or foreign country)

Of operations _____

14. Maiden name Mary Ann Kelly

Of autopsy _____

15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

Of autopsy _____

16. (a) Informant Mrs. R. Hindle

22. If death was due to external causes, fill in the following:

(b) Address 3030 N. Whittier

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof May 14, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Bellefontaine

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Joseph A. Howard

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 1619 S. Grand Blvd.

While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) MAY 12 1945
(Date received local registrar)

23. Signature Robert E. Dwyer M. D. or other _____

(b) Address _____ (Registrar's signature)

Address 1619 S. Grand Blvd. Date signed _____

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

Joseph A. Howard

Licensed Embalmer No. *3947*

P. O. Address. *4212 St. Louis Ave*

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.