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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1947
Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 6076

41947
State File No. 1
Registrar's No. 3600

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10,426 Niblic Drive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3-Years _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 10,426 Niblic Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary C. Depperman
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife August
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased July 5, 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27
year 1946 hour 8 minute 10 P. M.
21. I hereby certify that I attended the deceased from Dec 25
1946, to Dec 27, 1946
that I last saw h. PR alive on Dec 27, 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 5 22 hr. min.

Immediate cause of death Cardiovascular renal disease Duration 6 mos.
Due to 13/A
Due to _____

9: Birthplace Port Hudson, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Frederick Lueker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Hammer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant August Depperman
(b) Address 10,426 Niblic Dr. Overland, Mo
17. (a) Removal (b) Date thereof 12-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or Rosebud, Mo., Motor
18. (a) Signature of funeral director: Bartholomew Products
(b) Address 2504 Woodson Rd Overland, Mo
19. (a) 12-31-46 (b) Bartholomew Products
(Date received local registrar) (Registrar's signature)

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. A. ... (M. D. or other) _____
Address 8724 St. Charles Rd Date signed 1/28/46

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harold F. Braun*
Licensed Embalmer No. *4337*
P. O. Address..... *Cleveland, Ohio*

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.