

REC'D OCT 12 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

1008

30643

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis(b) Township St. Louis - Mo.(c) City St. Louis - Mo.Registration District No. 1008Primary Registration District No. 1008Registered No. 8080(d) Street No. Central 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 Miss Stella M. Dehler.(a) Residence, No. #3928 Folsom Ave., St. Louis Mo. St. 17

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single..5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single..6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 27th, 1888.7. AGE YEARS 50 MONTHS 7 DAYS 14 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Seamstress.. 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) May 1938.. 11. Total time (years) spent in this occupation 36 yrs..12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Station St. Clair Illinois.FATHER 13. NAME Frank Dehler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany..MOTHER 15. MAIDEN NAME Nathalia DeMarse.. 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois..17. INFORMANT Ida. Pretty (ADDRESS) #3928 Folsom Ave., St. Louis Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis Ill. 9-14-38.19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo M. Brishler East St. Louis, Ill.20. FILED SEP 12 1938 J. B. Bruch Local Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/38, 1922. I HEREBY CERTIFY, That I attended deceased from Sept 25<sup>th</sup>, 1938, to Sept 11, 1938. I saw her alive on Sept 11, 1938. Death is said to have occurred on the date stated above, at 130 P.M.

The principal cause of death and related causes of importance were as follows:

acute myocarditis - 8-15-38  
caused by CholecystitisOther contributory causes of importance:  
Choleliths, indefinite non-calculousName of operation Cholecystectomy Date of Aug 8/38  
What test confirmed diagnosis? Chromic Was there an autopsy?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 injury24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify(Signed) John D. Hayward, M. D.  
(Address) Metropolitan Bldg

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,

*Sept 11<sup>th</sup> 1938*

or by

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

Signed

*John P. Lange*

Licensed Embalmer No. *4629*

P. O. Address

*2218 State Street  
St. Louis 9, Mo.*

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

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