

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

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Do not use this space.
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APR 12 1939

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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1

(b) Township St. Louis Primary Registration District No. 1

(c) City St. Louis (d) Street No. Receiving Room City Hospital Registered No. 2647
(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 Abram Renard Detweiler

(a) Residence, No. 4 Louis St Canton Mo (Usual place of abode, if no street address, write county or city) NR (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lydia Wolt WIFE OF Lydia Wolt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 56 8 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as saw mill, bank, etc. Drug Store

10. Date deceased last worked at this occupation (month and year) Mar 14 - 1939 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Louis Mo

FATHER

13. NAME Walter Detweiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sancaator Penna Pa

MOTHER

15. MAIDEN NAME Emilia Hambley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Mrs Lydia Detweiler Canton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton Mo DATE 3-18-39

19. FUNERAL DIRECTOR (ADDRESS) H. D. Kelly Canton Mo

20. FILED MAR 21 1939 J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 16 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 15 1938 to March 16 1939

I last saw him alive on March 15 1939. Death is said to have occurred on the date stated above, at 10 P.M.

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

Acute Coronary Occlusion Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 Harold H. Budewier (Signed) M. D.

(Address) Canton, Mo

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, W. D. Kelly, Licensed Embalmer No. 1955

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Kelly

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed W. D. Kelly

Licensed Embalmer No. 1955

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.)