

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.

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

17227
Do not use this space.

DEAD JUN 12 1939

1. PLACE OF DEATH

(a) County 2 Registration District No. 1008
 (b) Township 1 Primary Registration District No. 2315 Dodier St
 (c) City St Louis (d) Street No. 2315 Dodier 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.

Registered No. 4761

2. PRINT FULL NAME 341 Emma Dettlef

(a) Residence, No. 2315 Dodier St St. 20
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Dettlef

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1874

7. AGE YEARS 64 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Venedy
 (STATE OR COUNTRY) Ill

FATHER 13. NAME Edward Miller
 14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT Wm F Dettlef
 (ADDRESS) 2315 Dodier St

18. BURIAL, CREMATION, OR REMOVAL New Bethel Cem May 27 1939
 PLACE DATE

19. FUNERAL DIRECTOR (NAME) Beiderwieden Funk Home
 (ADDRESS) 1936 St Louis Ave

20. FILED MAY 25 1939 J. B. Beiderwieden
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY That I attended deceased from May 21, 1939 to May 24, 1939
 I last saw him/her alive on May 24, 1939 at 1:15 P M
 Death is said to have occurred on the date stated above, at in.

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

May 21/39 Date of onset
Cerebral Apoplexy
Arterio Sclerosis

Other contributory causes of importance:
Arterio Sclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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 injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) Theo W Gonzales, M. D.
 (Address) 5043 Vernon Ave

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 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, above space should be left blank.