

11
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
STANDARD CERTIFICATE OF DEATH

State File No. 40874

REG'D DEC 4 1939
Registration District No. 1539

Primary Registration District No. 20

Registrar's No. 1974

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
152I St. Vincents Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Viola Detchemendy.
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Eugene Detchemendy
6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Mar. 21, 1907.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 7 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Adolph Abendroth

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

14. Maiden name Julia Eckert
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature: Mrs. Julia Abendroth

(b) Address 152I St. Vincent Lane

17. (a) burial (b) Date thereof Nov. 13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director: Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) NOV 11 1939 (b) R. Meyers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 152I St. Vincent Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 9
year 1939 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 24
1937, to Nov 9 1939,
that I last saw her alive on Nov 9 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis of Bladder & Kidney

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no

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) (e) Means of injury _____

23. Signature Harry H. Meyer (M. D. or other) 1
Address 4903 Delmar Date signed 11/19/39

Duration
July 24 to 11/9 1939
4 mo
PHYSICIAN
Underline the cause to which death should be charged statistically

Dr. Meyer H.H.
Roosevelt Bldg.,
Fo. 2000

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.....

John Tilton

Licensed Embalmer No. 3880

P. O. Address 4355 Washington Blvd

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.