

12 1940
 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.

STANDARD CERTIFICATE OF DEATH

3903

State File No. _____

Registration District No. 784

Primary Registration District No. 113

Registrar's No. 80

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Florissant, R. R. 2
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Florissant, Mo. R.R. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JUDITH DETTERMAN

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 single

6. (b) Name of husband or wife none
 6. (c) Age of husband or wife if alive no years

7. Birth date of deceased May 28 1939
 (Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 13
 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name Louis Detterman

13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Lily Patterson

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

16. (a) Informant's own signature Louis Detterman

(b) Address R. R. 2 Florissant, Mo.

17. (a) Burial (b) Date thereof Jan 13, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director A. Brown L. O. K.

(b) Address 2707 North Grand Bl.

19. (a) JAN 12 1940 (b) A. K. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Florissant
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. R. 2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11
 year 1940 hour 4 minute p. III.

21. I hereby certify that I attended the deceased from Jan 10 1940 to Jan 11 1940
 that I last saw her alive on Jan 11 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death lobar pneumonia
 Duration _____

Due to _____

Due to 105

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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 _____

28. Signature Charles J. Schmitt (M. D. or other) Do.

Address 120 S. Howard Date signed 1/12/40
Ferguson Mo

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.....

Paul F. Kowalsky

Licensed Embalmer No. *2631*

P. O. Address *2707 N. Grand*

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.