

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

REC'D AUG 25 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23721
State File No.

6166
Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(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 Ida Mary Dehn 507

3. (b) If veteran, name war _____ 3. (c) Social Security No. Infant

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Rudy Dehn

13. Birthplace Franklin Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Edna Hardt

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

16. (a) Informant Rudy Dehn
(b) Address St. Clair, Mo.

17. (a) Burial (b) Date thereof 7-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUL 23 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour _____ minute 10 A. M.

21. I hereby certify that I attended the deceased from July 22
1940 to July 23, 1940
that I last saw her alive on July 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Due to _____

Birth 160 Days

Due to _____

Respiratory Paralysis

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy no

Duration

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)
(a) Means of injury _____

23. Signature Edwards & Hitt (M. D. or other)
Address 462 N. Taylor Date signed 7/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 Albert W. Harper

Licensed Embalmer No. 1861

P. O. Address.....

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.