

1941 FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

359

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 18 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULLNAME Theodore Deming

3. (b) If veteran, name war..... no 3. (c) Social Security No..... none

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

6. (b) Name of husband or wife..... Emma Deming 6. (c) Age of husband or wife if alive..... 69 years

7. Birth date of deceased..... March 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 23 hr. min.

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

10. Usual occupation..... retired

11. Industry or business.....

MOTHER FATHER
12. Name..... Henry Deming
13. Birthplace..... 9 unknown
(City, town, or county) (State or foreign country)
14. Maiden name..... unknown
15. Birthplace..... 9 unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... Marguerite Deming

(b) Address..... 1709 Bacon Street,

17. (a) burial (b) Date thereof 1 - 15 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Memorial Park Cem

18. (a) Signature of funeral director..... A. Ryan L. & Co.
(b) Address..... 2707 N. Grand Blv'd

19. (a) JAN 14 1941 (b) J. T. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL") 1117
(d) Street No..... 1709 Bacon St. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.?..... 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1941 hour 8 minute 15 p. M.

21. I hereby certify that I attended the deceased from Dec 25, 1940, to Jan 12, 1941;
that I last saw him alive on Jan 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of Prostate
Chronic Myocarditis
Due to.....
Due to.....
Other conditions (Includes pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

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)..... (e) Means of injury.....

23. Signature..... Lloyd L. Heid (M. D. or other).....
Address..... 2739 N. Grand Date signed..... 1/12/41

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

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. Krollenberg

Licensed Embalmer No. 2631

P. O. Address 27074 Shore

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, fact should be so stated above.