

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

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.

FEB 17 1941

Registration District No. 425

Primary Registration District No. 5580

Registrar's No. 14-68

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Meramec
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson 50

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years 0

3. (a) PRINT FULL NAME EMELIA CLARA DETJEN (FRANKE)

3. (b) If veteran, name war. none

3. (c) Social Security No. none

20. DATE OF DEATH: Month Jan day 30th
year 1941 hour H minute 30 a.m.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Detjen

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug - 8 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1929
_____ 19____ to Jan 30th 1941
that I last saw h_er alive on Jan 29th 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 5 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death Cocciemia of liver
Mitral Stenosis

Due to _____

Due to _____

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

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

Major findings:
Of operations _____

Of autopsy _____

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Frank

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Gerald Detjen

(b) Address Cedar Hill Mo

17. (a) Burial (b) Date thereof Feb 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

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? 3810
(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature J. B. Edwards (M. D. or _____)
Address Cedar Hill, Mo Date signed 1/31/41

18. (a) Signature of funeral director J. B. Edwards

(b) Address House Springs

19. (a) 31 Jan 1941 (b) James A. Powars
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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 H. Brunner

Licensed Embalmer No.

1470

P. O. Address.....

House Springs

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.