

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Missouri

(b) City or town Missouri
(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 _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME IDA DEUTMAN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Max

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 29 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>-</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Fayetteville / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Carl Will

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 Max Deutman

(b) Address 2811 So. Jefferson Ave.

17. (a) Burial (b) Date thereof Feb. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director H. Kibben

(b) Address 2636 Grayson Ave.

19. (a) FEB 22 1941 (b) J. W. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")

(d) Street No. 2811 So. Jefferson Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb 19
1941 to Feb 21 1941
that I last saw her alive on Feb 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis for epidemic
Kays

Due to _____

Due to _____

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

Major findings: none

Of operations _____

Of autopsy none

Duration 1 day

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)

Means of injury 2

23. Signature W. S. Berry (M. D. certifier)
Address 3258 Lafayette Date signed Feb 22 41

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Herman A. Gebken

Licensed Embalmer No. 2120

2842 Meramec St.

P. O. Address St. Louis, Missouri

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.