

FILED OCT 18 1941

State File No.

7721

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____ years, months or days

3. (a) PRINT FULL NAME Henry A. Deters

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

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

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 13 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 10
If less than one day hr. min.

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

10. Usual occupation Bar Tender

11. Industry or business

12. Name Henry Deters

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

14. Maiden name Unknown

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

16. (a) Informant Anna Deters

(b) Address 8707 David St Overland, Mo.

17. (a) Burial (b) Date thereof 9 - 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Richard Adelle And Co. R. 60

(b) Address 3634 Gravois Ave.

19. (a) SEP 25 1941 (b) J. J. Buechler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8707 David St.
(If rural, give location)
(e) Dr. Henry Physician
Physician (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1941 hour 9 minute 0 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Mediastinitis Chronic Nephritis Arteriosclerosis

Due to: Pneumonia
Due to: 1316

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
23. Signaturer Thomas J. Callahan (M.D. or other)
Address Deputy Coroner Date signed 9/25/41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert C. Wheeler
Licensed Embalmer No. 2128
P. O. Address St. Louis, Mo.

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.