

Registration District No. 791

Primary Registration District No. 10

Registrar's No. 10285

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 # 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town St. Louis Mo 25 12
(If outside city or town limits, write "RURAL")

(d) Street No. 107 1/2 N 6th St 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Deter

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

20. DATE OF DEATH: Month Dec day 24th
year 1941 hour 5:45 minute 0 M.

4. Sex Male / race White

5. Color or race White

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Beulah

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov. 10 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

48 1 14 hr. _____ min.

Immediate cause of death _____

Chronic Myocarditis

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

10. Usual occupation Clerk

Due to _____

Due to _____

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

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Deter

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

{ 14. Maiden name Elizabeth Werndle

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James H. Deter

(b) Address Gerald, Mo.

17. (a) Removal (b) Date thereof 12-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gerald, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC. 26 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

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 Thomas F. Callanan (M.D. or other) _____

Address Deputy Coroner Date signed 12/26/41

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.....

E. J. W. Wilkinson

Licensed Embalmer No.....

3575

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, fact should be so stated above.