

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42848**

Registration District No. **192-759**

Primary Registration District No. **3036**

Registrar's No. **225**

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

**1. PLACE OF DEATH:**  
 (a) County St. Charles  
 (b) City or town St. Charles  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 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 Six months years, months or days

**3. (a) PRINT FULL NAME** Elmer Fredrick Deadrick  
**3. (b) If veteran,** name war No  
**3. (c) Social Security** No. 472-10-0429

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Bernice **6. (c) Age of husband or wife if alive** 32 years  
**7. Birth date of deceased** September 23 1906  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>2</u>	<u>22</u>	hr. _____ min.

**9. Birthplace** Nawlock Iowa  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Service Manager of

**11. Industry or business** Missouri-Illinois Tractor & Equip. Co.

**12. Name** Fredrick Deadrick

**13. Birthplace** Tama County Iowa  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Esther Lucas

**15. Birthplace** Marshall County Iowa  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Bernice Deadrick  
**(b) Address** Oreland, Mo.

**17. (a) Removal** (Burial, cremation, or removal) **(b) Date thereof** Dec. 17-1941  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** Paynesville, Minnesota

**18. (a) Signature of funeral director** A. C. Gallmeyer & Sons  
**(b) Address** 800 N. Second, St. Charles, Mo.

**19. (a) 12-19-41** (Date received local registrar) **(b) Clarence T. Wender** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri **(b) County** St. Louis  
 (c) City or town St. John  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 8708 - St. Place  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**20. DATE OF DEATH:** Month Dec. day 15th year 1941 hour 4 minute 15 P.M.

**21. I hereby certify that I attended the deceased from** Coroners Viewing of Body  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion  
 Due to sudden death

Due to Chr. Myocarditis

Other conditions (Include pregnancy within 3 months of death)

**Major findings:** Of operations No. 93d  
**Of autopsy** No.

**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** A. P. Erich Schuch (M. D. or other)  
**Address** St. Charles, Mo. **Date signed** 12/17/41

Duration \_\_\_\_\_  
 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 E. Dallmeyer  
Licensed Embalmer No. 2957  
P. O. Address St Charles 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.**