

FILED MAR 24 1942 **791**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**De Paul 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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Pine Lawn**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3520 Avondale Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Carl H. Deister**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

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

6. (b) Name of husband or wife **Mrs Adele Deister** 6. (c) Age of husband or wife if alive **45 years**

7. Birth date of deceased **Aug. 8 1896**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**45** **6** **20** hr. \_\_\_\_\_ min.

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

10. Usual occupation **Druggist**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Charles Deister**  
13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mamie Van Dame**  
15. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Adele Deister**  
(b) Address **3520 Avondale Ave.**

17. (a) **Burial** (b) Date thereof **3-3-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Henry Leidner U. Co.**  
(b) Address **2223 St. Louis Ave.**

19. (a) **MAR 1 1942** (b) **J. F. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28**  
year **1942** hour **9:00 AM.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **2/29/42**  
\_\_\_\_\_ 19\_\_\_\_ to **2/28** 19\_\_\_\_  
that I last saw him alive on **2/28/42** : \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Duration **25 hours**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 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 **0**

23. Signature **Henry Leidner U. Co.** (M. D. or other)  
Address **6149 Natural Bridge** Date signed **2/28/42**

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

02  
1149  
M. B. B. B.

**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 P. Bishaley  
Licensed Embalmer No. 1674  
P. O. Address 2323 So. Lewis Ave

**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.**