

FILED MAR 31 1942

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis Co., Mo.
(b) City or town Lemay (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rt 8, 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

3. (a) PRINT FULL NAME WILLIAM DEISS

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

4. Sex Male (c) 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Katherine Deiss 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased October 15 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 5 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business: --

MOTHER FATHER { 12. Name Aloys Deiss
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Katherine Deiss
(b) Address R. 8, Lemay, Mo.
17. (a) Burial (b) Date thereof Mar. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. John's Cemetery
18. (a) Signature of funeral director C Hoffmeister M.D.
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAR 20 1942 (Date received local registrar) (b) S. McHarron (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. R.R. 18 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1942 hour 6 minute 55 A. M.

21. I hereby certify that I attended the deceased from March 2, 1942, to March 6, 1942

that I last saw him alive on March 20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration

Due to:

Due to: 83a-1

Other conditions: Astoria sclerosis (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 _____

23. Signature Elatilda L. Tish (M. D. or other)
Address 7110 S. Illinois St. Date signed 3-6-42

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

600

707

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 *Linus C. Hoffmeister*
Licensed Embalmer No. *3871*
P. O. Address *7814 S. Broadway*

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.