

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 2948

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
32 North Dade
(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 St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 32 North Dade
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME June Patricia Dedert
3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-20-9178

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 9 24 hr. min.

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

10. Usual occupation Signal Flare Dept.
11. Industry or business Universal Match Co.
12. Name John J. Dedert
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jewell Blennett
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jewell Dedert Marty
(b) Address 32 North Dade

17. (a) Burial (b) Date thereof 12 - 30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Stewart
(b) Address 1225 Union Blvd.

19. (a) DEC 29 1943 (b) E. J. McHavran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month December day 27
year 1943 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from Dec 24, 1943 to Dec 27, 1943
that I last saw him alive on Dec 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy (Partial) - Infantile Uterus

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 Albert Wall (M. D.)
Address 5322 Hale Ave Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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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.....

Edward A. J. Stewart
.....

Licensed Embalmer No..... *3500*

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.