No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24608

State File No.

Registration District No. 160 Primary Registration District No. 3030 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(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 Jefferson 50

(c) City or town Festus 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1 (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Constant Dehner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Zack

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

7. Birth date of deceased May (Month) 18 (Day) 1858 (Year)

8. AGE: Years 89 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Stone Mason

11. Industry or business

FATHER
12. Name Casper Dehner 4
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agnes
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Henry Dries

(b) Address Festus Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 17 (Day) 1947 (Year)

(c) Place: burial or cremation Festus Catholic Cem

18. (a) Signature of funeral director H. S. Vinyard

(b) Address Festus Mo.

19. (a) June 25 1947 (Date received local registrar) (b) Cleana Belleville (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 15 year 1947 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from ~~6-15-47~~ 5-24, 1947 to 6-15, 1947 that I last saw him alive on 6-14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	About 10 years.
Due to Arteriosclerosis.	
Due to	
Other conditions None (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. H. Donnell (M. D. or other) MD

Address Crystal City, Mo. Date signed 6-25-47.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 7-22-97

District File Number

District Health Officer No. 9,

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 H S Wingard

Licensed Embalmer No. 3010

P. O. Address Festus 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.