

3500  
0-47  
7-39  
3500

Registration District No. **310**

Primary Registration District No. **3058**

**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:  
**St. Josephs Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 Days**  
(Specify whether years, months or days)

In this community **Life Time**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Overland**  
(If outside city or town limits, write "RURAL")

(d) Street No. **9403 Muriel**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **Lawrence F. Deimeke**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **497 14 7909**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Betty Shire Deimeke**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **Dec. 16 1902**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>45</b>	<b>7</b>	<b>27</b>	hr. min.

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

10. Usual occupation **Mechanic**

11. Industry or business

12. Name **John Deimeke**

13. Birthplace **Ill.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Holterman**

15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Betty Deimeke**

(b) Address **9403 Muriel**

17. (a) **Burial** (b) Date thereof **8/16/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Martinsburg Mo.**

18. (a) Signature of funeral director **Colliers Funeral Home**

(b) Address **10123 St. Charles Rd St. Louis Mo.**

19. (a) **Aug 19-48** (b) **Frankie Hambleton**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Aug.** day **13**  
year **1948** hour **4** minute **65 P.M.**

21. I hereby certify that I attended the deceased from **May 13 1948**  
to **Aug 13 1948**;  
that I last saw him alive on **Aug 13 1948**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of the**  
**Epidermal Carcinoma**

Due to **Epidermal Carcinoma**

Other conditions **556**  
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma**

Of operations **None**

Of autopsy **None**

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 **Paul B. Vatterott** (M. D. or other) **MO**

Address **1030 St. Charles Rd** Date signed **8/13/48**

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed ~~AUG 23 1948~~  
AUG 27 1948

**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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St Charles

**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.**