

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27636
Registrar's No. 7321

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: 2827 Papin /
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME John Deininger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 3 ()

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

7. Birth date of deceased: Nov 7 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Pattern Maker

11. Industry or business _____

12. Name John Deininger

13. Birthplace Rheinphalz Bavaria (City, town, or county) (State or foreign country)

14. Maiden name Susanne Planz

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

16. (a) Informant Emil Deininger

(b) Address 2827 Papin

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

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois Ave

19. (a) AUG 20 1948 (b) J A Bredock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

(c) City or town St Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2827 Papin (If rural, give location)

(e) Citizen of foreign country? 22 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17
year 1948 hour 7 minute 00 a.m.

21. I hereby certify that I attended the deceased from Aug - 14 1948, to Aug 17 1948
that I last saw him alive on Aug. 16, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia & poisoning Duration 3 days

Due to Chronic Interstitial Nephritis

Due to Myocarditis

Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings: Of operations 124

Of autopsy _____

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 J A Bredock (M. D. or other) MD

Address 30465 Jefferson Date signed Aug 19 1948

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

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.