

No. 300
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FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6099

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1648
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Co. Jennings, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION. De Paul Hospital		d. STREET ADDRESS (If rural, give location) 7219 Albright		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) H.		c. (Last) DETERS
4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1900	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Moloney Elec.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Frank X. Deters		13b. MOTHER'S MAIDEN NAME Elizabeth Schnelker	14. NAME OF HUSBAND OR WIFE Anna M. Deters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. 494-03-7683	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna M. Deters-7219 Albright	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) MECHANICAL HEART FAILURE CHRONIC MYOCARDITIS ANTECEDENT CAUSES HYPERTENSION Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year): (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Feb 17, 1949 to Feb 19, 1949 , that I last saw the deceased alive on Feb 19, 1949 , and that death occurred at 1:50 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 6204 Mt. Laurel		23c. DATE SIGNED 2/21/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/23/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. FEB 21 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway		

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 4228 La Kings Highway

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.