

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17554
Registrar's No. 1165

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS 9L</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>	
c. LENGTH OF STAY (In this place) <u>37 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>612 CORNELIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>-</u>	c. (Last) <u>DETJEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 6-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>NEISE GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOSEPH KLAMETH</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLINE FEIDLER</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN J DETJEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Otto Detjen</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 mths.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			93d yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/8/1943 to 5/11/1949 that I last saw the deceased alive on 5/11/1949, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund A. Westrop M.D.</u>	23b. ADDRESS <u>204 E. Big Bend</u>	23c. DATE SIGNED <u>5/12/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-12-49</u>	REGISTRAR'S SIGNATURE <u>Theresa L. Luning</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker and Co.</u>	ADDRESS <u>Webster Groves Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

De W. L. King

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.

Signed..... *Leslie Welch*

Signed.....
Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Walter Brown M*

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.