V.S. No. 300
Rev. 10.48

FILED MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14988

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. ~~[illegible]~~ 3063 Registrar's No. 1206

1. PLACE OF DEATH
a. COUNTY St. LOuis 4002
b. CITY OR TOWN ~~Wellston~~ CLAYTON
c. LENGTH OF STAY (in this place) ~~[illegible]~~ DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. at County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 30 Wellston 4301
d. STREET ADDRESS (If rural, give location) 1580 Wellston Pl., 1

3. NAME OF DECEASED (Type or Print)
a. (First) RALPH
b. (Middle) W.
c. (Last) DETMER.

4. DATE OF DEATH (Month) (Day) (Year) May 5, 1952.

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Aug. 26, 1939.
9. AGE (In years last birthday) 12 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School-boy
10b. KIND OF BUSINESS OR INDUSTRY Wellston high
11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Arthur Detmer
13b. MOTHER'S MAIDEN NAME Irene Heman
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Irene Detmer, 1580 Wellston Pl., ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adams-Stokes Syndrome — INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
DUE TO (c) (Congenital Heart Block) 4330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Cardiac Dilatation
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 52, *to* May, 19 52, *that I last saw the deceased alive on* Apr. 1, 19 52, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE David Goering M.D. (Degree or title)
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED May 5, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 8, 1952
24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery
24d. LOCATION (City, town, or county) (State) Union, Mo.

DATE REC'D BY LOCAL REG. 5-6-52
REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark **ADDRESS** 1125 Hodiamont Ave.

SW (Licensed Embalmer's Statement on Reverse Side)

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.