No. 300
10-48

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R.# 109 292
FILED APR 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12796

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 891

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN CREVE COEUR 73 4400 0
d. STREET ADDRESS (If rural, give location) 23 LARKIN AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) H.
c. (Last) DEICHLER

4. DATE OF DEATH (Month) (Day) (Year) 3-24-53

5. SEX MALE 0
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 10-10-83
9. AGE (In years last birthday) 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and State or Foreign Country) FIDELITY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM DEICHLER
13b. MOTHER'S MAIDEN NAME MARY GROSTWINE
14. NAME OF HUSBAND OR WIFE IRENE DEICHLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL, JEFF. BKS, MO. 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) CARCINOMA OF BODY OF PANCREAS WITH GENERALIZED CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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 157X
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) VA 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* 3-17-53, 19__, *to* 3-24-53, 19__, ~~that I last saw the deceased alive on~~, *and that death occurred at* 10:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. T. KAMINSKAS, M.D. (Degree or title)
23b. ADDRESS VA HOSP. JEFF. BKS, MO.
23c. DATE SIGNED 3-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAR 26 53
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.

DATE REC'D BY LOCAL REG. 3-25-53
REGISTRAR'S SIGNATURE Herbert R. Domke - R.M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ORTMANN F. Home ADDRESS 9222 Lackland
P.T. (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 Al C Ortmann

Licensed Embalmer No. 3478

P. O. Address .....

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.