

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2710**
Registrar's No. **0300**

FILED JAN 26 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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,	
c. LENGTH OF STAY (In this place) 8 Wks		d. STREET ADDRESS (If rural, give location) 4118 Gano Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		10 10	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip b. (Middle) c. (Last) Dettleff.			4. DATE OF DEATH (Month) (Day) (Year) Jan 11 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.	
8. DATE OF BIRTH Jan-7-1939		9. AGE (In years last birthday) 15 yrs.		10. UNDER 1 YEAR Days 11. UNDER 10 Hrs. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student.		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Dettleff		13b. MOTHER'S MAIDEN NAME Anna Drenton		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Dettleff 4118 Gano Ave.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma				INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
		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 Retroperitoneal mass - biopsy - lymphosarcoma				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None		2001	

22. I hereby certify that I attended the deceased from **1953**, to **Jan. 11, 1954**, that I last saw the deceased alive on **Jan. 11, 1954**, and that death occurred at **7:30 pm.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Herbert C. Megard, M.D.		23b. ADDRESS 3720 Washington Blvd. St. Louis 8, Mo.		DATE SIGNED Jan 11, 1954	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan-15-1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					

DATE REC'D BY LOCAL REG. JAN 12 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Ave.	
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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. None

working under my personal supervision.

Student None Student Embalmer

Signed Delip J. Krupin

Licensed Embalmer No. 3497

P. O. Address St Louis

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.