

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1957

State File No. **33095**

BIRTH NO. _____		REG. DIST. NO. 306	PRIMARY REG. DIST. NO. 6048	Registrar's 20 308
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE Mo. b. COUNTY St. Louis		
b. CITY OR TOWN Rural O'Fallon		c. CITY OR TOWN Ferguson		
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 40		d. STREET ADDRESS (If rural, give location) 901 Frost		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) J. c. (Last) Deschu			4. DATE OF DEATH (Month) (Day) (Year) 9-17 - 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 9-1-46	8. DATE OF BIRTH 6-19-1911	9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personal Adm.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Jacob Deschu		13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Mary Telowitz Deschu	
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. 498-07-4881	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nick Telowitz 1718 June Drive St. Louis Mo.	
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) Carbon Monoxide gas ANTECEDENT CAUSES Due to (b) Suicide 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 9731		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dardenne, St. Charles, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 17 '57 7 A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Monoxide gas led into car by hose.	
22. I hereby certify that I certified deceased from 9/18/57 , 19____, to____, 19____, that I last saw the deceased alive on____, 19____, and that death occurred at____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Marvin Muehling Coroner		23b. ADDRESS Wentzville Mo.	23c. DATE SIGNED 9-18-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-57	24c. NAME OF CEMETERY OR CREMATORY Sunset	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTZ FUNERAL HOME 4828 Natural Bridge Blvd. St. Louis Mo.		
DATE REC'D BY LOCAL REG. 9-18-57		REGISTRAR'S SIGNATURE E. Keith		

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

SEP 24 1957

MS
JUL 12 1957

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

X Signed John A. Minna

Licensed Embalmer No. 4186

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.