WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 789 — File No. 24318

Township Central — Primary Registration District No. 60333 — Registered No. 205

City St. Louis Co (No. 8238 Flora Ave. St. Ward)

2. FULL NAME Gordon Deutmann

(a) Residence, No. 8238 Flora Ave, St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lady Belle Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1888

7. AGE 45 YEARS — MONTHS 3 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. building

10. Date deceased last worked at this occupation (month and year) 10 years ago

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis mo

FATHER

13. NAME Hugo Deutman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO

MOTHER

15. MAIDEN NAME Sarah Shipp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Lady Belle Deutman 8238 Flora ve.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Odd Fellows Cem DATE July 17, 1933

19. UNDERTAKER (ADDRESS) Henry L. Weidemueller 6203 Gravois Ave

20. FILED 7-16-, 1933 Zella Bracy, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to July 15, 1933

I last saw him alive on July 14, 1933. Death is said to have occurred on the date stated above, at 12:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated lateral Sclerosis 81A	
131	
87B	

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. W. Peters, M. D.

(Address) 4145 A S Grand