

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.

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

Do not use this space.

NOV 9 1935

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34224

1. PLACE OF DEATH

County _____ Registration District No. **1003**
Township _____ Primary Registration District No. _____
City St. Louis (No. 4936 Sutherland Ave) St. _____ Ward _____

File No. _____
Registered No. **8647**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4936 Sutherland St., 14 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Dehus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 3, 1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>10 yrs ago</u>		11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Millstadt, Illinois</u>		
13. NAME <u>John Dehus</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berens, Wis.</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berens, Wis.</u>		
17. INFORMANT <u>Mrs. Louisa Dehus</u> (ADDRESS) <u>4936 Sutherland Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Millville, Ill.</u> DATE <u>10-16-35</u>		
19. UNDERTAKER <u>Friedman</u> (ADDRESS) <u>428 S. Jefferson Ave</u>		
20. FILED <u>OCT 14 1935</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13, 1935

22. I HEREBY CERTIFY, That I, attended deceased from Oct 11, 1935, to Oct 13, 1935
I last saw him alive on Oct 7, 1935 Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
acute heart failure
Date of onset about 1 week

Other contributory causes of importance
La grippe 3 days

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 Fred Swann, M. D.
(Signed) _____ (Address) 522 S. Drouhard Ave

Mr Warner
Newarkshire

IL 0490

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