

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.

Jan 19 1935

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

Do not use this space.

40871

1. PLACE OF DEATH
 County St. Louis Registration District No. 784
 Township St. Ferdinand Primary Registration District No. 6030
 City W. Walnut Manor (No. 5617, Jennings Road) St. _____ Ward _____

2. FULL NAME William E. Deisher
 (a) Residence, No. 5617 Jennings Road, Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Nellie Deisher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1896

7. AGE YEARS 39 MONTHS 9 DAYS 18 If LESS than 1 day, hrs. or min. 00

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
 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) 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME George W. Deisher
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 15. MAIDEN NAME Margaret Lee
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 17. INFORMANT Nellie Deisher
 (ADDRESS) 5617 Jennings Road
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cabany DATE 12-30, 1935

19. UNDERTAKER Arthur J. Donnell & Co.
 (ADDRESS) 9846 Grand St.

20. FILED 2/27, 1935 W. A. Zelder
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
Chr. pancreatic CA. Chr. myocarditis, Chr. endocarditis, Aortic insufficiency, aortitis, extreme ulcerative areas with large organized embolism, occluding the pulmonary orifice. Anemia. Secondary: Occlusion of pulmonary orifice by large organized embolism. C.A. of pancreas. Date of onset _____
 Other contributory causes of importance _____
 Name of operation autopsy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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? NO (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) Robert J. Turner, M. D. Date 12/27/35
 (Address) 3711 Jennings Rd.
Robert J. Turner

Per b. Smith

THIS IS A PERMANENT RECORD

