

DEC 13 1937

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

39357

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1791
 (b) Township Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Josephine Hospital Registered No. 10344
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Dettling

(a) Residence, No. 7834 Delmont, Lakewood St. NR
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as 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) Austria

13. NAME Martin Mayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

15. MAIDEN NAME Hansmann

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

17. INFORMANT Matt Dettling
 (ADDRESS) 7834 Delmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 11/8/37

19. FUNERAL DIRECTOR John L. Ziegenhein & Sons
 (ADDRESS) 7027 Gravois Ave.

20. FILED NOV 8 1937 J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1937, to November 5, 1937
 I last saw her alive on November 5, 1937. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Paratyphoid
Nephritis caused by Salpingitis
1398
 Date of onset 10-15-37
 Other contributory causes of importance:
Bilateral Salpingitis, cause unknown

Name of operation Hysterectomy Date of Oct. 25-37
 What test confirmed diagnosis Clinical 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?
 No, specify Violent at home
 (Signed) _____, M. D.

(Address) 8003 Gravois Ave

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.

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell, Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

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.)