

JAN 10 1938

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

43522
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **3823a Nebraska Ave.** St. **11772**
 (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 **Elizabeth Deichelmann**

(a) Residence, No. **3823a Nebraska Ave.** St. **24**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Frederick Deichelmann** (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 19-1847**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 2
 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. **at home**
 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) **Germany**

FATHER 13. NAME **John Michel**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Lulu Schultz**
 (ADDRESS) **3823a Nebraska Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Dec. 24th. 1937**

19. FUNERAL DIRECTOR **Wacker-Helderle**
 (ADDRESS) **2331 S. Broadway**

20. FILED **DEC 22 1937** **St. Brudeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec; 21st. 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 22**, 19**37** to **Dec 21st**, 19**37**
 I last saw her alive on **Dec 21**, 19**37**. Death is said to have occurred on the date stated above, at **11:30 P.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1937
acute bronchitis Dec 16/37

Other contributory causes of importance:

Name of operation **none** Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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 **no**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify **Tupper Plumber!**
 (Signed) **Tupper Plumber**, M. D.
 (Address) **2853 Orange St**

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.

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50M-2-26-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Robert Wheeler, Licensed Embalmer No. 2128

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

..... L. E.

No. 2128 or by Registered Apprentice No.

working under my personal supervision.

Signed Robert Wheeler

Licensed Embalmer No. 2128

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.)