DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24110

Registration District No. 791 AUG 11 1939

Primary Registration District No.

Registrar's No. 6383

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hours (Specify whether years, months or days)

In this community 67 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15

(d) Street No. 5229 Gravois Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank J. Demme 50

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dora Demme

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. (Month) 7th. (Day) 1871 (Year)

8. AGE: Years 67 Months 9 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Clerk 6

11. Industry or business Retail Wall Paper 6

FATHER
12. Name Dont Know-Demme
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Frank J Demme

(b) Address 5229 Gravois Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-20-39 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Provost Und Co

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 19 1939 (Date received local registrar) (b) J. F. Bradbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th. year 1939 hour 6.15 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Mesenteric Thrombosis

Due to Coronary Sclerosis

Due to Pending

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Quinn (M. D. or other)

Address Deputy Coroner Date signed 7/18

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert L. Brikman

Licensed Embalmer No. 3553

P. O. Address 3710 N Grand L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.