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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16792

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4270

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 24
(If outside city or town limit, write "RURAL")
(d) Street No. 2827 So. 13th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Herman Detzel 324

3. (b) If veteran, name war _____ 3. (c) Social Security / No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 10 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 2 hr. min.

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Detzel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Rink

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Dettter

(b) Address 3114 Wyoming

17. (a) Burial (b) Date thereof 5-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAY 14 1940 (b) J. F. Budick
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12,
year 1940 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from May /
10, 1940 to May 12, 1940;
that I last saw h. im alive on May 12, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage
with Left Hemiplegia 3 days

Due to Hypertension years

Due to Chr Myocarditis years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Walter Ford (M. D. or other) _____

Address 1515 Lafayette Date signed 5/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Clarence J. Rochow

....., Registered Apprentice No.

working under my personal supervision.

Signed

Clarence J. Rochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec St.

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.)

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