

11-10-39
5-17-39
I X21492

State File No. _____

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 123

1. PLACE OF DEATH:
 (a) County St. Charles
 (b) City or town St. Charles
 (c) Name of hospital or institution: 229 Tompkins
 (d) Length of stay: In hospital or institution _____
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (d) Street No. 229 Tompkins St
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Katherine Detsch
 (b) If veteran, name war no
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 12 year 1940 hour 11 minute 50 P.M.
 21. I hereby certify that I attended the deceased from July 1 1940, to July 11 1940, that I last saw her alive on July 4 1940 and that death occurred on the date and hour stated above.

4. Sex Female race White
 5. Color or race _____
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Uremia
 Due to Chronic Nephritis
 Other conditions Hypertension
 (Include pregnancy within 6 months of death)

7. Birth date of deceased October 4 1863
 8. AGE: Years 76 Months 9 Days 8 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace St. Peters, Mo.
 10. Usual occupation At Home
 11. Industry or business _____

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (e) Means of injury _____
 23. Signature J. J. [unclear] (M. D. or other) _____
 Address St. Charles, Mo. Date signed 7-15-40

12. Name Jacob Detsch
 13. Birthplace Germany
 14. Maiden name Regina Detsch
 15. Birthplace Ukraine
 16. (a) Informant Magdalena Detsch
 (b) Address St. Charles, Mo.
 17. (a) Burial (b) Date thereof July 15-1940
 (c) Place: burial or cremation St. Peter's Cemetery - St. Charles, Mo.
 18. (a) Signature of funeral director H. C. [unclear]
 (b) Address 800 N. Second, St. Charles, Mo.
 19. (a) 7/11/40 (b) Blair [unclear]

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

MOTHER FATHER

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

John E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address

Dr Charles M...

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.