

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.

NOV 16 1940

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

34105

Do not use this space.

8802

1. PLACE OF DEATH

(a) County St. Louis
(b) Township St. Ferdinand
(c) City St. Louis
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791

Primary Registration District No. 1003

(d) Street No. St. Johns Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Sister Mary Serafina Deitermann St. WR Baden Sta.
(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 (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22, 1862

7. AGE YEARS 78 MONTHS 2 DAYS 2 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Bernard Deitermann

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

15. MAIDEN NAME Catherize Buhrmann

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

17. INFORMANT Sister Mary Ludwiga (ADDRESS) Baden Station, St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Villa Cemetery DATE October 26, 1940

19. FUNERAL DIRECTOR Theodore Fendler and Co (ADDRESS) 7420 Michigan

20. FILED OCT 25 1940 J. H. Bullock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1940, to Oct 24, 1940

I last saw him alive on Oct 23, 1940. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Embolism

Other contributory causes of importance:
following operation for the double hernia (T.C. DOUGLASS)

Name of operation hernia repair Date of 10/21/40

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? 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

If so, specify

(Signed) John M. H. Dean, M. D.

(Address) 816 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I, Oliver E. Fendler, Licensed Embalmer No. 4148

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M.H.C.

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Oliver E. Fendler

Licensed Embalmer No. 4148

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.)