

DEC 22 1944  
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(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:  
2608 Minnesota Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Josephine Deien

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 15 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 1 3 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Breese Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Lorence Deien

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Timmerman

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

16. (a) Informant Margaret Fonke

(b) Address 2608 Minnesota Ave.

17. (a) Removal (b) Date thereof 11-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Breese, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) NOV 19 1944 (b) J. F. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3336 Wisconsin Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18  
year 1944 hour 5 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 19, 1944, to Nov 18, 1944;  
that I last saw him alive on Nov 18, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Right Breast Duration 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of Right Breast

Of autopsy none

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

23. Signature J. F. Bruck (M. D. or other) \_\_\_\_\_

Address 1803 Parkway Date signed 11-19-44

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

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19  
9

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..... *W. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

: P. O. Address.....

**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, fact should be so stated above.**