

FILED MAY 28 1942 791  
Registration District No. 2942

Primary Registration District No. 1002

Registrar's No.

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: Depaul Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Carsonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4213 Carson Road  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Margaret Deimann.

3. (b) If veteran, name war No 3. (c) Social Security No. 487-26-0445

20. DATE OF DEATH: Month April day 27 year 1942 hour 3.50 minute A.M. M.

21. I hereby certify that I attended the deceased from April 10, 1942 to April 27, 1942.  
that I last saw her alive on April 26, 1942 and that death occurred on the date and hour stated above.

4. Sex Female 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 May 13, 1923  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Virus

8. AGE: Years Months Days If less than one day  
18 11 14 hr. min.

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

9. Birthplace Florissant, Missouri  
(City, town, or county) (State or foreign country)

Other conditions Mitral Stenosis  
(Include pregnancy within 3 months of death)

10. Usual occupation Waitress

11. Industry or business Curtis Wright Plant

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Stephan Deimann  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Emelie Barbeau  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Stephan Deimann  
(b) Address 4213 Carson Road

17. (a) Burial (b) Date thereof April 30/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Mary's Cem.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? none  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave.

19. (a) APR 28 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

23. Signature M.D. Stuebe (M. D. or other) MD  
Address 7124 Natural Bridge Date signed 4-27-42

846 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. M.E. Staehle  
7503 Florissant Ave.,  
7124 Natural Bridge Road  
MU. 3985. OT EV. 7117.  
1-3 or 6-8 P.M.

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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.....  
.....  
Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

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.