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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25782

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6927

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: FERMIN DESLOGE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WKS. (Specify whether

In this community 32 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9 8 (If outside city or town limits, write "RURAL")

(d) Street No. 847 CANAAN AVE. (If rural, give location)

(e) Citizen of foreign country? ~~32~~ YES (Yes or No)

If yes, name country 32 YRS.

3. (a) PRINT FULL NAME DeRities, Maggie

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WID.

6. (b) Name of husband or wife GEORGE

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased AUG. (Month) 15 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	0	0	hr. min.

9. Birthplace KAUNAS (City, town, or county) LITHUANIA (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace — (City, town, or county) LITHUANIA (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace — (City, town, or county) LITHUANIA (State or foreign country)

16. (a) Informant JOHN KASSLY

(b) Address EAST ST. LOUIS, ILL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-18-1942 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Joseph Kassly

(b) Address EAST ST. LOUIS, ILL.

19. (a) AUG 17 1942 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15 year 1942 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from 7-6-42, 19__, to 8-15, 1942 that I last saw her alive on 8-15-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post operative Cholecystectomy	9 days
Due to a Cardiac decompensation	5 days.
Due to Hypertensive Cardiovascular disease	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation Chronic Cholecystitis a Cholelithiasis

Of autopsy Cardiac decompensation — Pulmonary Congestion

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis V. Moore (M. D. or other)

Address Desloge Hosp. Date signed 8-16-42.

844 (Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.