

FILED FEB 4 1943
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Registration District No. Primary Registration District No. 1003

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

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5043 Nottingham Ave.
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Andrew A. Deters

3. (b) If veteran, name war..... None

3. (c) Social Security No.....

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

6. (b) Name of husband or wife Alma Deters 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 20th 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43 10 6 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business P.D. George Paint Co.

MOTHER FATHER { 12. Name Frank Deter

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

14. Maiden name Elizabeth Schneiker

15. Birthplace At. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Deters
(b) Address 5043 Nottingham

17. (a) Burial (b) Date thereof 1- -43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 27 1943 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26th
year 1943 hour 8:50 minute A.M.

21. I hereby certify that I attended the deceased from 11/6/43
Jan. 26, 1943 to Jan. 26, 1943
that I last saw him alive on Jan. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 9 weeks

Due to Coronary Occlusion 10 weeks

Due to Hypertension

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....
Of autopsy Left cerebral Thrombosis with scars - Coronary Occlusion

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).....

(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?.....

23. Signature [Signature] (M. D. or other) MD
Address 3048 S. Grand Date signed 1/26/43

2-4
W. M. D. ...
Don Smith

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 Edwin M. G. Bennett
Licensed Embalmer No. 3024

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.