

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

FILED MAR 15 1943
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3969a Sullivan 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3969a Sullivan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis Frederick Deiermann

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

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Bertha Deiermann 6. (c) Age of husband or wife if alive Deed years
7. Birth date of deceased March 23rd, 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name ? Deiermann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louise Holmer
(b) Address 3969a Sullivan Ave.

17. (a) Burial (b) Date thereof 3-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Park Lawn Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Bl.

19. (a) 318 (b) J. J. Debeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd.
year 1943 hour 9.20 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1-2-30
_____ 19 _____ to 3-3-43 19 _____;
that I last saw him alive on 3-2-43 19 _____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorage 3 days
Due to Hypertension 10 yrs

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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)
(e) Means of injury _____
23. Signature J. J. Debeck (M. D. or other)
Address 508 N. Grand Bl. Date signed 3/4/43

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand St

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.