

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 13 1943
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 6005

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:
Lutheran Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 1/2 yrs.
(Specify whether
In this community. life
years, months or days)

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. Lutheran Convalescent Home
4359 5th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Louis Deffaa

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

4. Sex male 5. Color or race. White 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife. Anna 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. April 14 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>2</u>	<u>15</u> hr. min.

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

10. Usual occupation. Inspector

11. Industry or business. Leather Business

MOTHER FATHER

12. Name. John Deffaa

13. Birthplace. Alsace-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name. not known

15. Birthplace. Alsace-Lorraine
(City, town, or county) (State or foreign country)

16. (a) Informant. Erwin L. Deffaa

(b) Address. 5236 Chippewa

17. (a) Burial (b) Date thereof. 7-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New St. Marcus

18. (a) Signature of funeral director. John L. Ziegenhein & Sons

(b) Address. 7027 Gravois Ave.

19. (a) J. J. Buschek (b) J. J. Buschek
(Date of death local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1943 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from 4-19-38
..... 19..... to 6-29-43 19.....
that I last saw him alive on 6-29-43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic hypo carditis
Due to
Due to
Other conditions. None
(Include pregnancy within 3 months of death)

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: None
Of operations.
Of autopsy. no

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, or farm, in industrial place, in public place?

23. Signature. J. J. Buschek (Specify type of place) (Means of injury)
While at work?
Address. 4523 S. N. Highway Date signed. 7/1/43

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

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..... *C. P. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address..... *7027 Graves*.....

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.