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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

LED AUG 8 1943
 Registration District No.

Primary Registration District No. **1003**

Registrar's No. **6751**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town..... **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 **St. Louis City Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **4 Days**
 (Specify whether
 In this community.....
 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. **3204 Pestalozzi St.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Albert Dette**
 3. (b) If veteran, name war.....
 3. (c) Social Security No. **489-05-8264A**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **25**,
 year **1943** hour **7:45** minute **A. M.**
 21. I hereby certify that I attended the deceased from **July**
22, 19**43**, to **July 25**, 19**43**
 that I last saw him alive on **July 25**, 19**43**
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife..... **Martha**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **February 22 1878**
 (Month) (Day) (Year)

Immediate cause of death.....
Cerebral thrombosis
left middle cerebral artery
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 5 3 hr. min.

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

10. Usual occupation..... **Reporter**
 11. Industry or business..... **Associated Retailers**

MOTHER FATHER
 12. Name..... **Frederick Dette**
 13. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name..... **Louise Unknown**
 15. Birthplace..... **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant..... **Gertrude Dette**
 (b) Address..... **3204 Pestalozzi**

17. (a) **Burial** (b) Date thereof..... **July 27 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... **Western Lutheran Cemetery**

18. (a) Signature of funeral director..... **Baldewieden Paul Home**
 (b) Address..... **1936 St. Louis Ave.**

19. (a) **JUL 27 1943** (b) **J. F. Bredsch**
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations.....
 Of autopsy..... **Refused.**

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..... **Dr. W. Mad...**
 Address..... **1515 Lafayette Avenue**, Date signed..... **8/26/43**

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.....

Licensed Embalmer No. *2737*

P. O. Address..... *1936 W. Louis 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.