

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 8617

Registration District No. 1943318

Primary Registration District No. _____

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

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:
Deaconess Hospital.
(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
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 718

(d) Street No. #4551 Gibson Ave.,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CAMILLUS C. DEIDESHEIMER.

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male. 5. Color or race White

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

6. (b) Name of husband or wife Elsie Deidesheimer..

6. (c) Age of husband or wife if alive 45. years

7. Birth date of deceased November 4, 1889.
(Month) (Day) (Year)

8. AGE: Years 53. Months 10. Days 23.
If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Salesman.

11. Industry or business Jarman Shoe Company.

MOTHER FATHER

12. Name Henry Deidesheimer.

13. Birthplace Belleville, Illinois.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gass.

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

16. (a) Informant Mrs Elsie Deidesheimer.

(b) Address 4551 Gibson Avenue.

17. (a) burial (b) Date thereof 9/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Bly'd.

19. (a) SEP 29 1943 (b) J. F. Cressel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't, day 27th,
year 1943. hour 2 minute 53 P. M.

21. I hereby certify that I attended the deceased from Sept 26, 1943, to Sept 27, 1943
that I last saw him alive on Sept 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

Other conditions 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 L. H. Stapp (M. D. or other)
Address 3720 Worthington Ave Date signed 9/29/43

Dr Hempelman.
3720 Washington
SE-6204
2-3 P.M. (Mod)
(no fee)

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.