S. No. 2
M—5-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 243

FILED FEB 1 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 743

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul 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 5 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 920 (If outside city or town limits, write "RURAL")

(d) Street No. 2014 North Market St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country - 0

3. (a) PRINT FULL NAME Louise M. Dette

3. (b) If veteran, name war =

3. (c) Social Security No. =

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Charles H.

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

7. Birth date of deceased Oct. (Month) 11 (Day) 1875 (Year)

8. AGE: Years 68 Months 3 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Borcherding
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Johanna
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles H. Dette

(b) Address 2014 N. Market St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1944 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc.

(b) Address 1936 St. Louis Av.

19. (a) JAN 25 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22 year 1944 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11-22-43, 19__, to 1-22-44, 19__; that I last saw her alive on 1-22-44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast.	don't know
Due to Carcinomatosis	"
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

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? (Specify type of place)

While at work (e) Means of injury

23. Signature Walter H. Spoeneman (M. D. or other)

Address 1506 a St. Louis Date signed 1-24-44

(Licensed Embalmer's Statement on Reverse Side)

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. 3737

P. O. Address 1936 St. 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.