

FILED MAR 27 1944
Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 2588

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:
3918 Michigan 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

3. (a) PRINT FULL NAME Joseph C. Dehler

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara U. 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Feb. 25 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 -- 21 hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business Retired 5yrs.

MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clara U. Dehler
(b) Address 3918 Michigan Ave.

17. (a) Burial (b) Date thereof 3/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Helken - Amy Mortuary
(b) Address 2842 Meramec St.

19. (a) MAR 17 1944 (b) J. Medeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 924
(d) Street No. 3918 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 16th
year 1944 hour 7 minute 15A.M.

21. I hereby certify that I attended the deceased from March 13, 1944, to March 16, 1944;
that I last saw him alive on March 15, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis 9
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____

23. Signature Frank Stamps (M. D. or other) _____
Address 3934 S. Broad St. W. Date signed 3/17/44

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..... me

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Joe B. Benz
Licensed Embalmer No..... 4249

P. O. Address 2842 Meramec St.

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.