

FILED AUG 8 1944

State File No.

Registration District No. Primary Registration District No. Registrar's No. **6619**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town ST. LOUIS MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5600 MOTTINGHAM 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 40 YRS
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County.....
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5600 MOTTINGHAM AVE
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME EDWARD A. DEHN
 (b) If veteran, name war NO
 (c) Social Security No. 495-10-9020

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 28
 year 1944 hour 2:45 AM minute 4 M.
 21. I hereby certify that I attended the deceased from 4/20/44
 to 7/27 1944
 that I last saw him alive on July 27 1944
 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 MARRIED
 6. (b) Name of husband or wife MATTIE 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased: FEB (Month) 23 (Day) 1882 (Year)

Immediate cause of death Carcinoma of lung Duration 2 yrs
 Due to.....
 Due to.....
 Other conditions Hydrothorax (6 mo)
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
62 5 5 hr. min.

9. Birthplace CANY COUNTY MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation PRIVATE WATCHMAN
 11. Industry or business PUBLIC SERVICE CO

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

MOTHER FATHER

12. Name CHARLES DEHN
 13. Birthplace GERMANY 4
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY NIEWIS
 15. Birthplace CROWFORD MO
 (City, town, or county) (State or foreign country)

16. (a) Informant MATTIE DEHN
 (b) Address 5600 MOTTINGHAM AVE
 17. (a) BURIAL (b) Date thereof 7 31 44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation SUNSET BURIAL
 18. (a) Signature of funeral director KRIEGER HAUSER
 (b) Address 112 28 SO. KINGS HIGHWAY
 19. (a) 112 28 SO. KINGS HIGHWAY (b) J. T. Medlock
 (Date received local registrar) (Registrar's signature)

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 play) (c) Means of injury.....
 23. Signature N. M. Freund (M. D. or other)
 Address 3115 S. Grand Date signed 7/28/44

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

R. Freund
11-1250
Kirkman Dept

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 *Edwin D M Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

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.