

FILED SEP 18 1944
318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7759

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

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
4615 MARYLAND AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1 (Specify whether 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. 4615 MARYLAND AVE
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN D. DEITERING

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 - ~~14~~
year 1944 hour 1-40 minute A M.

21. I hereby certify that I attended the deceased from June 10
1944 to Sept 6 1944;
that I last saw him alive on Sept 6, 1944 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 SINGLE

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

7. Birth date of deceased DEC. 25 - 1866
(Month) (Day) (Year)

Immediate cause of death Cystitis from bacterial typhoid

Due to _____

Due to _____

8. AGE: Years 77 Months 8 Days 12 If less than one day _____ hr. _____ min.

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

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

10. Usual occupation REAL ESTATE (RETIRED)

11. Industry or business _____

12. Name JOHN DEITERING

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

14. Maiden name MARIA DOUGHERTY

15. Birthplace MO
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

16. (a) Informant Mrs. Nancy M. Fischer
(b) Address 4615 Maryland Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) BURIAL (b) Date thereof SEPT. 9 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation ALVARY CEMETERY

While at work? _____ (Specify type of place)
(e) Means of injury _____

18. (a) Signature of funeral director A. Muller
(b) Address 5165 DELMAR BLYD.

23. Signature H. A. Lehman (M. D. or other) M.D.
Address 4362 Warne Ave Date signed 9-8-44

19. (a) SEP 8 1944 (b) J. Fischer
(Date received local registrar) (Registrar's signature)

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 *H. G. Farris*.....

Licensed Embalmer No. 3384.....

P. O. Address *H. Farris*.....

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.