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5-17-39
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29257

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 7630
Registrar's No.

FILED SEP 18 1944
Registration District No. 318

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

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
In this community 52 Years
years, months or days

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") 3 9
(d) Street No. 6232a Columbia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mr. Herman Detjen
(b) If veteran, name war -----
(c) Social Security No. -----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2
year 1944 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from 8/30, 1944, to 9/2, 1944
that I last saw him alive on 9/2
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. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased December 8, 1870
(Month) (Day) (Year)

Immediate cause of death Myocarditis, chronic Duration 1944

8. AGE: Years Months Days If less than one day
73 8 25 hr. min.

Due to meted Regurgitation
Due to -----
Other conditions -----
(Include pregnancy within 3 months of death)

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

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

10. Usual occupation Retired Hardwood Floor Cont.
11. Industry or business Hardwood Floors
12. Name Mr. Ludwig Detjen
13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Erna Detjen
(b) Address 6232a Columbia
17. (c) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.
19. (a) SEP 5 1944 (b) J. H. Wredech
(Date observed 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 place) (c) Means of injury
23. Signature J. H. Wredech (M. D. or other) MD.
Address 7800 S. Main Date signed 9/2/44

Eigel
3805 S. K. 6.

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.....

Delis J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 St. Louis

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.