

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35210  
Registrar's No. 2082

FILED OCT 24 1944  
Registration District No. 104

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
R. F. D. Lemay, Mo. 23  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sister M. Leonora Dettenbach

3. (b) If veteran, name war --

3. (c) Social Security No. ----

4. Sex Female

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 September 17 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>0</u>	<u>24</u>	<u>hr. min.</u>

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

10. Usual occupation Teacher

11. Industry or business Parochial School

MOTHER FATHER {

12. Name Joseph Dettenbach

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

14. Maiden name Catherine Fiedler

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

16. (a) Informant Nazareth Convent Records

(b) Address R. F. D. Lemay 23, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 10-13-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) OCT 14 1944  
(Date received by Registrar)

(b) E. J. McLaughlin M.D.  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay  
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. (Nazareth Convent)  
(If rural, give location)

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

If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 2  
1944 to Oct 11 1944  
that I last saw her alive on Oct 2 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
1. Chronic myocarditis.

Due to 93d

Due to several years.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations None

Of autopsy None

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

(a) Accident, suicide, or homicide (specify) no

(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)

(a) Means of injury C.

23. Signature W. J. ... (M. D. or other)

Address 2804 Wilmingtn Ave Date signed 11-12-44

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**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 Linus C Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

**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.**