S. No. 2
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25560

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7746

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: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Juniata Ave (3870)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Caroline C. Defford
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife EDWARD J. DEFFORD
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased November 23, 1903 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At home
11. Industry or business

MOTHER FATHER
12. Name George Heimburger
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Edward J. Defford
(b) Address 3870 Juniata Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) SEP 4 1945 (Date received local registrar) (b) J. F. Breckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2, year 1945 hour 6:40 PM minute M.
21. I hereby certify that I attended the deceased from Dec. 17, 1943 to Sept. 2, 1945; that I last saw her alive on Sept. 2, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkin's Disease — Duration 2 yrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

23. Signature A. W. Peters (M. D. or other) M.D.
Address 4145 a S. Grand Blvd. Date signed 9/4

(Licensed Embalmer's Statement on Reverse Side)

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 Gustav W. Dietile

Licensed Embalmer No. 4329

P. O. Address 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.