

25566

State File No. _____
 Registrar's No. **7293**

Registration District No. **318** Primary Registration District No. _____

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:
4473 Chippewa Street
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County 999
 (c) City or town Winnetka
(If outside city or town limits, write "RURAL")
 (d) Street No. 892 Elm Street
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John H. Dethloff
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 338-16-1768

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month August day 20, year 1945 hour 11 minute 00 A.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Martha Dehmlow
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased October 16, 1883
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____
Chronic Myocarditis
Coronary Arteriosclerosis

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>61</u> | <u>10</u> | <u>4</u> | hr. _____ min. _____ |

Due to _____
 Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business Dry Goods

12. Name John Dethloff
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Martha Dethloff
 (b) Address 892 Elm St., Winnetka, Ill.

17. (a) Burial (b) Date thereof Aug. 23, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Evanston, Ill.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
 (b) Address 1936 St. Louis Ave.

19. (a) AUG 21 1945 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
 Means of injury 3
 23. Signature _____ (M. D. or other)
 Date signed 8/21/45

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

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.....

Julius J. Krippin

Licensed Embalmer No. *3497*

P. O. Address. *1936 St. Louis Ave*

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.