V. S. No. 2
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#46461

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28959

FILED OCT 6 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8369

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

100
17
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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days Memorial (Specify whether
In this community 11 mos. 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St Clair 999

(c) City or town New Athens Illinois 11
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) NR 2

If yes, name country

3. (a) PRINT FULL NAME CHARLES DEICHMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Minnie Deichman

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

7. Birth date of deceased Sept. (Month) 9 - 2 (Day) 1858

8. AGE: Years 87 Months 0 Days 24 If less than one day hr. min.

9. Birthplace New Athens (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business House Builder

FATHER
12. Name Charles Deichman
13. Birthplace Not Known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Margaret Wilde
15. Birthplace St. Clair (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Buck

(b) Address 3503 A Branson St. Louis Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. (Month) 27 (Day) 1945 (Year)

(c) Place: burial or cremation New Athens Ill

18. (a) Signature of funeral director [illegible]

(b) Address New Athens Ill.

19. (a) SEP 27 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th year 1945 hour 11:20 minute P. M.

21. I hereby certify that I attended the deceased from 9/26/45, 19..., to 9/27/45, 19...; that I last saw him alive on 9/27/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 James J. Smith (M. D. or other)

Address 1515 Lafayette Date signed 9/27/45

(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 Lee T. Thill

Licensed Embalmer No. 2973

P. O. Address Marissa Illinois

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.