

FILED APR 1 1946

STANDARD CERTIFICATE OF DEATH

Registration District No. 317

Primary Registration District No. 6076

State File No.

Registrar's No. 691

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, Henry Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Henry Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Louise Dehendahl

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 Louis Dehendahl

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug. 19 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1
If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business At home

12. Name William Newes

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

14. Maiden name Wilhelmina Strobeck

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

16. (a) Informant Louis Dehendahl

(b) Address Manchester Mo.

17. (a) Burial (b) Date thereof Mar. 23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John Cem. Manchester

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) 3/23/46 (b) L. J. Barran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan. 19 1940, to March 20 1946;
that I last saw her alive on March 20 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature B. R. Loving (M. D. or other) M.D.

Address Ballwin, Mo. Date signed 3-21-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 24 1944

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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.