

FILED JAN 16 1948

Registrar's No. 175

Registration District No. 318

Primary Registration District No. 1003

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

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: 3633 Wyoming St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3633 Wyoming St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME FREDERICK A. DESCHNER

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1948 hour 7:30 minute A.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Dec. 18 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10/1/46 to 1/4/48

that I last saw him alive on 1/4/48 and that death occurred on the date and hour stated above.

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>0</u>	<u>18</u>	<u>hr. min.</u>

Immediate cause of death: Metastatic carcinoma of the transverse colon.

Due to.....

Due to.....

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

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

10. Usual occupation Custodian

11. Industry or business St. Louis Public Schools

MOTHER-FATHER { 12. Name Martin Deschner

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

{ 14. Maiden name Nancy C. Porter

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

Major findings: generalized metastatic carcinoma

Of operations: _____

Of autopsy: none

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

16. (a) Informant Elizabeth Deschner

(b) Address 3633 Wyoming St.

17. (a) Burial (b) Date thereof 1-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 7 1948 (b) J. F. Bredick
(Date received local registrar) (Licentiate's signature)

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)

When at work?..... (e) Means of injury.....

23. Signature Harold J. Stanton (M. D. or other) _____

Address 607-N Front Date signed 1/6/48

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 _____

.....
working under my personal supervision.

Signed *Edwin R. M. Perrett* Registered Apprentice No. _____

Licensed Embalmer No. *3024*

P. O. Address _____

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.