

No. 2-45
17-39
X47070

FILED FEB 23 1948
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
Masonic Home of Missouri 5
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 4 months
 In this community... unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Deter
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex Male
 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Elizabeth Werndel (c) Age of husband or wife if alive..... years
 7. Birth date of deceased January 24, 1862
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>0</u>	<u>23</u>	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired

11. Industry or business.....

12. Name Joseph Deter
 13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Eva Ulmer
 15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Clara Rothe
 (b) Address 5351 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-1948 (Month) (Day) (Year)
 (c) Place: burial or cremation Gerald M. O.

18. (a) Signature of funeral director Jay B. Smith
 (b) Address 7456 Manchester

19. (a) FEB 18 1948 (Date received local registrar) (b) J. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St Louis (If outside city or town limits, write "RURAL") 17
 (d) Street No. 5351 Delmar (If rural, give location) 9
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb. day 17
 year 1948 hour 6 minute A M.
 21. I hereby certify that I attended the deceased from Oct. 11, 19 47 to Feb. 11, 19 48
 that I last saw him alive on Feb. 11, 19 48
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Coronary Thrombosis</u>	<u>5 Days</u>
<u>Chronic Myocarditis</u>	<u>5 Mo</u>
Due to.....	
Due to.....	
Other conditions (include pregnancy within 3 months of death)	

PHYSICIAN
 Major findings:
 Of operations.....
 Of autopsy.....
 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?

23. While at work? (Specify type of place) 0
 (c) Means of injury 0
 Signature J. B. Deter (M. D. or other) 2.11.48
 Address 508 N. Grand Blvd. Date signed.....

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.....

H. Burgess

Licensed Embalmer No.....

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.