

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25508

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BIRTH NO. _____ REC. DIST. NO. 317 PRIMARY REC. DIST. NO. 3068 Registrar's No. 1672

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Maplewood</u>) c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7291 Gayola</u>		d. STREET ADDRESS (If rural, give location) <u>7291 Gayola</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>A.</u> c. (Last) <u>Deller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>December 20, 1881</u>
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>6</u>	11. DAYS <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman-Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>American Brake Shoe</u>	11. BIRTHPLACE (State or foreign country) <u>Buffalo, New York</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Deller</u>	
13b. MOTHER'S MAIDEN NAME <u>Caroline Yehle</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Deller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Yes but unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emily Deller</u>		ADDRESS <u>7291 Gayola Maplewood</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale & myocardial damage + insufficiency Class V</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) <u>Bronchitis, Asthmatic Swell</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>10 yrs</u> <u>4 1/2 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>July 14</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John C. Chis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>172648 Oakview Plaza Mo</u>	
23c. DATE SIGNED <u>7/15/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	
24b. DATE <u>7/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u> ADDRESS <u>Colonial Mortuary St. L, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-15-49</u>		REGISTRAR'S SIGNATURE <u>Hedward R. Handwerker</u>	

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

John R. Brisco
2648 Oakview Tr.
1-3 PM
7/15/49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schenck*

Licensed Embalmer No. *2679*

P. O. Address *7514 S. Broadway*

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.