

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6126

1921

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1921	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1311a S Broadway				d. STREET ADDRESS (If rural, give location) 1311a S Broadway			
3. NAME OF DECEASED (Type or Print) Louis		a. (First)		b. (Middle)		c. (Last) Dehner	
4. DATE OF DEATH 2-26-50		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Jan 26-1883		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 0 Days 29		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Dehner		13b. MOTHER'S MAIDEN NAME Catherine Limegruber		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Dehner 1609 Soulard Str			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Labor Pneumonia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR? H90X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 4:57 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles E. Taylor, Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/29/50		24c. NAME OF CEMETERY OR CREMATORY St Paul Churchyard		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. FEB 27 1950		REGISTRAR'S SIGNATURE J. B. Sarsted		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Myrdell L. Lammell 1926 Allen			

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

