

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7129

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 515

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place) 10 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3501 Ridgedale		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn 10	
d. STREET ADDRESS 3501 Ridgedale		4. DATE OF DEATH (Month) (Day) (Year) February 25, 1950	
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN b. (Middle) F. c. (Last) DEUTSCHMANN		4. DATE OF DEATH (Month) (Day) (Year) February 25, 1950	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1916
9. AGE (In years last birthday) 33 yrs	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Int. Rev. Agent	10b. KIND OF BUSINESS OR INDUSTRY U. S.	11. BIRTHPLACE (State or foreign country) Shiloh Valley Twp., Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Gustav Deutschmann	
13b. MOTHER'S MAIDEN NAME Katherine Mutto		14. NAME OF HUSBAND OR WIFE Virginia Deutschmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War #2		16. SOCIAL SECURITY NO. 329-10-0331	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Herman Deutschmann</i>		ADDRESS St. Louis	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 2 hours ANTECEDENT CAUSES DUE TO (b) Coronary Heart Disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 2-20, 1950 to 2-25, 1950 , that I last saw the deceased alive on 2-25, 1950 , and that death occurred at 8:30 pm. , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Stachle</i>		23b. ADDRESS 7124 Natural Bridge	23c. DATE SIGNED 2-25-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 1, 1950	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill	24d. LOCATION (City, town, or county) (State) Belleville Illinois
DATE REC'D BY LOCAL REG. FEB 27 1950	REGISTRAR'S SIGNATURE <i>Robert P. Collins</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Stachle</i> ADDRESS BELLEVILLE ILLINOIS	

(Licensed Embalmer - Statement on Reverse Side)

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

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.....

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.