

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13964

1003 State File No. Registrar's No. 3241

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 13964		Registrar's No. 3241					
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 Saint Louis		c. LENGTH OF STAY (in this place) 6 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2069							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5117 Ashland Avenue (15)				d. STREET ADDRESS (If rural, give location) 5117 Ashland Avenue (15)									
3. NAME OF DECEASED (Type or Print) Anna			a. (First)		b. (Middle)		c. (Last) Dehne		4. DATE OF DEATH (Month) (Day) (Year) April 5th, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 19th, 1878		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR 5 Months 17 Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Gustave Winters				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Late Henry Dehne					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry A. Dehne, 5117 Ashland Avenue, (15)								
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Stomach</i>								INTERVAL BETWEEN ONSET AND DEATH 8 mo			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertension Cardio Vas - Renal disease</i>								10 yr.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)								
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"/>			21f. HOW DID INJURY OCCUR? 157K								
22. I hereby certify that I attended the deceased from <i>May 1948</i> , to <i>Apr 5</i> , 1951, that I last saw the deceased alive on <i>Apr 3</i> , 1951, and that death occurred at <i>8:00P</i> m., from the causes and on the date stated above.													
23a. SIGNATURE <i>Dr. C. N. Ludeman</i> (Degree or title) M.D.					23b. ADDRESS <i>4176 - Shrews Av</i>			23c. DATE SIGNED <i>4/6/51</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>4/9/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>							
DATE REC'D BY LOCAL REG. APR 6 1951			REGISTRAR'S SIGNATURE <i>J. B. Foster</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Calvin F. Feutz, 4828 Natural Bridge Blvd.</i>							

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

Shelley

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John A. Melman*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis MO*

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.