

no. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40101**
Registrar's No. **3831**

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		Registrar's No. <u>3831</u>		
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 township) OR TOWN <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>3-weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		4730		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Overland Restorium</u>				d. STREET ADDRESS (If rural, give location) <u>Olive Street Road</u>				
3. NAME OF DECEASED (Type of Print) <u>Mary Deschamps</u>			a. (First) <u>Mary</u>			b. (Middle) <u>Deschamps</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1951</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>Aug. 14, 1877</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (State or foreign country) <u>Kirkwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Martin Stehle</u>			13b. MOTHER'S MAIDEN NAME <u>Adeline Hocgr</u>			14. NAME OF HUSBAND, OR WIFE <u>John Deed</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Stehle Creve Coeur, Mo.</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>Terminal Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u> <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 _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. _____		20. AUTOPSY? <u>331X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>Sept. 4</u> , 19 <u>51</u> , to <u>Nov. 26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov. 25</u> , 19 <u>51</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Roy A. Waechter, Sr.</u> (Degree or title) _____				23b. ADDRESS <u>Overland, Mo.</u>		23c. DATE SIGNED <u>11-27-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Ev. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Overland, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-27-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Donke, Md.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shumann Bros. Inc.</u> ADDRESS <u>2504 Woodson Rd. Overland, Mo.</u>				

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 3454

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 7

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.