

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37840

FILED NOV 6 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 148 Registrar's No. 2609

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> c. LENGTH OF STAY (in this place) <u>41 YRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>612 CORNELIA</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> d. STREET ADDRESS (If rural, give location) <u>612 CORNELIA AVE</u>	
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3. NAME OF DECEASED a. (First) <u>JOHN J.</u> b. (Middle) <u>DETJEN</u> c. (Last) <u>DETJEN</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT-5-1953</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH-15-1862</u>	9. AGE (in years last birthday) <u>91</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LUDWIG DETJEN</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE HOELT</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA DETJEN</u>
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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 ADDRESS <u>LOUIS DETJEN 9127-MADEFAVE BRENTWOOD MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral hemorrhage Oct 3rd</u>		32X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>Cerebral hemorrhage Aug 13-53. Paralysis</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Serivility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 13, 1952, to Oct 5th, 1953, that I last saw the deceased alive on Oct 4th, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>3500 Cambridge</u>	23c. DATE SIGNED <u>10/6/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT-8-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DAK-HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD - MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>10/7/53</u>	REGISTRAR'S SIGNATURE <u>Herbert G. Ambe, MD.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PARKER-ALDRICH FUN. HOME WEBSTER</u>
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(Licensed Embalmer's Statement on Reverse Side) 66 Aldrich Treas

WRITE PLAINLY—USING UNFADING BLACK INK

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

Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Halster Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.