

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1955

State File No. **6670**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **485**

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 Clayton		c. CITY OR TOWN Wellston 431	
c. LENGTH OF STAY (in this place) 2 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hospital			
STREET ADDRESS (If rural, give location) 6325 Page Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) _____ c. (Last) Dehmlow			4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 9-29-1885		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor			10b. KIND OF BUSINESS OR INDUSTRY Odd jobs		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Unk. Dehmlow		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE None	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shelby Pilliard 6325 Page Ave.	
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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
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilat			2 days
		ANTECEDENT CAUSES			
		MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Perforated peptic ulcer, duodenal			9 days
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis + cholelithiasis			?

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Perforated duodenal ulcer, 1st third		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)	
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 **2-15-1955**, to **2-24-1955**, that I last saw the deceased alive on **2-24-1955**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cooper J. Ray, M.D.		23b. ADDRESS 601 S. Brentwood Clayton, Mo.		23c. DATE SIGNED 2/25/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-26-1955		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. 2/25/55 Heebach		REGISTRAR'S SIGNATURE R. Ambem		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.	
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(Licensed Embalmer? (Signature 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.....
Signature of Student Embalmer

Signed.....

Alfred J. Prochaska

Licensed Embalmer No. *26*

P. O. Address *1125 Hod*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.