

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

State File No. **9510**
Registrar's No. **2261**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Missouri | | 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 St. Louis | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 2Y 4M 3D | | e. STREET ADDRESS (If rural, give location) 5600 Arsenal St. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. LOUIS CHRONIC HOSPITAL | | | |

| | | | | | |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) _____ c. (Last) DEIDESHEIMER | | | 4. DATE OF DEATH (Month) (Day) (Year) 3 10 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Nov. 16, 1878 | 9. AGE (In years last birthday) 76 | 10. MONTHS 76 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) Missouri (St. Louis) | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|--|--|--|--|--|--|
| 13a. FATHER'S NAME Michael Staat | | 13b. MOTHER'S MAIDEN NAME Mary Romacher | | 14. NAME OF HUSBAND OR WIFE Louis Deidesheimer | |
| 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 Helen Molly - 4459 Itaska | |

| | | | | | |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | DUPLICATE OF (b) Generalized Arteriosclerosis | | Yes | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUPLICATE OF (c) _____ | | Yes | |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | _____ | | _____ | |

| | | | | | |
|--|--|--|--|--|--|
| 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 4200 | |
| 22. I hereby certify that I attended the deceased from 10/7 , 19 52 , to 3/10 , 19 55 , that I last saw the deceased alive on 3/10 , 19 55 ; and that death occurred at 4:05 A. m., from the causes and on the date stated above. | | | | | |

| | | | | | |
|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE George Esker (Degree or title) _____ | | 23b. ADDRESS 5600 Arsenal St. | | 23c. DATE SIGNED 3/10/55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Mar. 14, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | | | |

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. MAR 12 1955 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Helder 3634 Gravois Ave. | |
|---|--|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Frank J. [Signature]

Licensed Embalmer No. *267*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.