

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
42918  
11502

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2003 North Market St</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>2209 2003 North Market St</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) <b>Josephine</b>				First <b>Josephine</b>		Middle		Last <b>Dettweiler</b>		4. DATE OF DEATH Month <b>December</b> Day <b>14</b> Year <b>1956</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 13, 1883</b>		9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13. FATHER'S NAME <b>Joseph Missing</b>						14. MOTHER'S MAIDEN NAME <b>Louise Hollmann</b>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT Address <b>Mrs. Frank Ziercher, 2003 N. Market Street</b>						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Monocytic Leukemia</b>										INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b)		
										DUE TO (c) <b>204.2</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 'TERMINAL DISEASE' CONDITION GIVEN IN PART I(a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <b>Sept. 15-56</b> to <b>12-14-56</b> and last saw her <del>her</del> alive on <b>12-14-56</b> . Death occurred at <b>12:15 noon</b> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <b>John J. Hammond M.D.</b>						22b. ADDRESS <b>634 N Grand</b>			22c. DATE SIGNED <b>12/14/56</b>			
23a. BURIAL, CREMATION OR OTHER DISPOSAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)				
<b>Burial</b>		<b>Dec 17 1956</b>		<b>Calvary Cemetery</b>				<b>St. Louis Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>MATH HERMANN &amp; SON, INC., 2161 E. FAIR AV</b>					25. DATE RECD. BY LOCAL REG. <b>DEC 15 1956</b>			26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>				

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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.....  
*Chas W. Hayes*

Licensed Embalmer No. *370*

P. O. Address *St. Louis*

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.