

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007129
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1671

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSP. STREET ADDRESS (If rural, give location) 4134 BOTANICAL ST.

3. NAME OF DECEASED (Type or Print) a. (First) EDWIN b. (Middle) F. c. (Last) DEHNE 4. DATE OF DEATH (Month) (Day) (Year) FEB. 21, 1958

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH MAR. 19, 1896 9. AGE (In years last birthday) 61 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) PALE 10b. KIND OF BUSINESS OR INDUSTRY SHOE WORKER 11. BIRTHPLACE (City and State or Foreign Country) UNION, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD DEHNE 13b. MOTHER'S MAIDEN NAME HEDWICK GABLE 14. NAME OF HUSBAND OR WIFE NORA DEHNE

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. 492-22-7580 17. INFORMANT'S SIGNATURE OR NAME OTTO DEHNE ADDRESS ST. LOUIS, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized metastases from Carcinoma left breast
ANTECEDENT CAUSES DUE TO (b) 170x
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1950 1919 to 2-11-58, 1958, that I last saw the deceased alive on 2-11-58, 1958, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John T. Flynn BS MD 23b. ADDRESS 1715 S. 39th St. St. Louis, Mo. 23c. DATE SIGNED 2-12-58

24a. BURIAL CREMATION (Specify) BURIAL 24b. DATE 2-14-58 24c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION UNION 24d. LOCATION (City, town, or county) (State) MO.

DATE REC'D BY LOCAL REG. FEB 13 1958 REGISTRAR'S SIGNATURE Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Reuben Altman Union ADDRESS _____

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..... *Ralph Altman*
Licensed Embalmer No. *4808*

P. O. Address *Union, Pa.*

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.